

**Women in Medicine in late Nineteenth and Early
Twentieth-Century Edinburgh: A Case Study**

Elaine Thomson

**Ph.D. Thesis
University of Edinburgh
1998**



20th October 1998

I declare that this thesis is my own work throughout.

Elaine Thomson
Science Studies Unit
Edinburgh University

ABSTRACT

This thesis explores the foundation and operation of the first hospital to be established and run by women doctors in Scotland, the Edinburgh Hospital for Women and Children (1885), and its sister Hospital, the Hospice (1899) (the Elsie Inglis Memorial Maternity Hospital). Its main concern is to consider the social and cultural factors which shaped women doctors' professional interests at these institutions.

Chapter 1 outlines notions of feminine propriety which prevailed in the Victorian period, and considers how middle-class women sought to subvert these restrictions and gain for themselves some sort of active role in public life. The foundation of the Edinburgh Hospital, and the Hospice, is considered within this context. The women who made up the Executive Committee of the Hospital are shown to have been part of a wider local and national feminist network, and this support undoubtedly contributed to the Hospitals' success.

Chapter 2 looks at the significance for the medical women of the changing nature of medical knowledge in the late nineteenth century. In this period the discipline of physiology gradually shifted from a holistic conception of the body to a more organ centred, reductionist model. Women doctors argued that the older conception of physiology, which could also be understood as hygiene, was of great interest to female practitioners. Women doctors, they suggested, would be the most suitable ambassadors for the dissemination of knowledge of personal and domestic hygiene to women at large. As the dispensers of such knowledge, it was also suggested that women doctors would act as agents of morality with regard to health, cleanliness and moderation amongst this important constituency.

Chapter 3 suggests that the actual practice of medicine at the Edinburgh Hospital for Women and Children reflected the same preoccupation with hygiene and the holistic conception of physiology that had been used in women's arguments to enter the medical profession in the 1870s. The theme of morality, specifically the morality implicit in the practice of medicine at the Edinburgh Hospital continues to be explored.

Chapter 4 shifts the focus of attention to the recipients, rather than the providers, of medical care at the Edinburgh Hospital by considering the lower middle and working-class women who received medical treatment there. It explores the illnesses (and their causes) which these patients complained of, and explores the social role which the Hospital served in the community, from its foundation in 1885 to the end of the century.

Chapter 5 is concerned with the medical women's work at the Hospice. It discusses the emergence of a distinct specialism, infant and maternal welfare, which occurred at this institution from 1905. The development of this specialism is linked to the limited opportunities which existed for medical women in the city, as well as to the moral role in medical practice which they had outlined for themselves in the previous century.

Chapter 6 continues to explore these themes in relation to the development of the Edinburgh Hospital as a centre for the treatment of VD in the inter-war period. A growing pragmatism amongst the medical women is observed, and a shift in the moral tone of their work is pin-pointed as they become increasingly bound up with the propaganda campaigns of the NCCVD and the Public Health Department of Edinburgh Town Council.

CONTENTS

Acknowledgements	ix
Introduction	1
 CHAPTER 1: Philanthropists and Feminists and the Establishment of the Edinburgh Hospital for Women and Children, and the Hospice, c.1869-1899	
Introduction	7
1. The Ideology of Separate Spheres	9
2. Escape from the Private Sphere: Philanthropy	16
3. Women’s Voluntary Role in Medical Philanthropy in Victorian Edinburgh	21
4. Escape from the Private Sphere: the Campaign for the Medical Education of Women 1869-1878	28
5. The Campaign for the University Education of Women in Edinburgh c.1862-1898	45
6. The Edinburgh Hospital and Dispensary for Women and Children 1878-1899	49
7. Elsie Inglis, the Medical Women’s Club and the George Square Nursing Home for Women (the Hospice), 1899	55
8. Opportunities for Women Resident Medical Officers in Edinburgh 1886-1899	59
9. A New Role for Women in Medical Philanthropy: the Hospital Executive Committee	62
10. Feminist Networks in Edinburgh and the Executive Committee	65
Conclusions	76

CHAPTER 2: “The Elements of Real and Useful Knowledge”: Physiology, Hygiene and the Entry of Women to the Medical Profession

Introduction	78
1. Nineteenth-Century Physiology: the “Laws of Health” and Biomedical Science	80
2. Physiology, Hygiene and the Professionalisation of Medicine	86
3. John Hughes Bennett, Physiology and the Institutes of Medicine	91
4. Consumers and Dispensers of Physiological Knowledge: Medical Women and the Social Morality of Hygiene	102
5. Medical Women, Hygiene and Physiology	106
6. Women Find a Place in Medicine	112
7. The Re-orientation of Physiology in the Late Nineteenth Century and the Marginalisation of Medical Women in a Professional Backwater	114
Conclusions	120

CHAPTER 3: “Due Regimen as well as Draught and Pill”: Medical Therapeutics at the Edinburgh Hospital for Women and Children 1885-1900

Introduction	122
1. Holistic Perceptions of Bodily Function in Nineteenth-Century Physiology c.1800-1875	124
2. Regimen and Dietetics in Edinburgh c.1852-1875	126
3. Diet and Regimen as Therapeutic Practice: Thomas Clouston and the “Physiological Method” of the Treatment of Insanity c.1875-1900	130
4. The Practice of Medicine at the Edinburgh Hospital for Women and Children 1886-1900	136
4.1. The Problem with Patients’ Records	137

4.2 Food, Rest and Purgatives: Medical Practice at the Edinburgh Hospital	142
5. Physiology and Medical Therapeutics c.1870-1900	152
6. Women Doctors and the Morality of Hygiene	155
Conclusions	162

CHAPTER 4: Sick and Tired of Being Sick and Tired: Working-Class Women and the Edinburgh Hospital for Women and Children 1885-1900

Introduction	164
1. Thomas Clouston, Working-Class Women and the “Limits of the Physiological”	168
2. Working-Class Women and the Edinburgh Hospital	177
3. “For Poor and Working Women”: Social Class at the Edinburgh Hospital	179
4. Sick but Sane: the Patients and their Complaints	181
5. The Community, the Hospital and the Patient	190
Conclusions	201

CHAPTER 5: “Work of Such Public Benefit”: Infant Welfare Provision at the Hospice (Elsie Inglis Memorial Maternity Hospital), 1899-c.1930

Introduction	203
1. Women Doctors in Edinburgh in the Early Twentieth Century	205
1.1. Opportunities for Medical Women in Edinburgh: the Edinburgh Hospital for Women and Children and the Hospice	209
1.2. Raising the Position of Women Practitioners in Edinburgh	210
2. The George Square Nursing Home for Women and the Hospice 1899-1905	215

3. The High Street, the Canongate and the Cowgate in the Early Twentieth Century	218
4. Infant Mortality	221
5. Infant and Maternal Welfare at the Hospice	223
6. Medical Women, the Morality of Infant Welfare and the “Extended Medical Gaze” of the Twentieth Century	232
Conclusions	239
 CHAPTER 6: The Edinburgh Hospital for Women and Children and the Treatment of Venereal Diseases c.1919-c.1930	
Introduction	241
1. The Quality of the Race	244
2. The Report of the Royal Commission on Venereal Diseases 1916	247
3. Medical Women and the Eradication of Venereal Diseases: Treatment at the Edinburgh Hospital for Women and Children 1919-c.1930	250
4. Medical Women and the NCCVD in Edinburgh	257
5. “Specific Diseases”	266
6. Medical Women and Local Issues in the Campaign Against VD	268
7. Medical Surveillance and the Treatment of VD at the Edinburgh Hospital	273
Conclusions	275
 Conclusions	 279
 Appendix I	 286
 Appendix II	 291

Acknowledgements

Although most of the people I know have been kind enough to listen to me waffling on about my thesis for the last four years (and getting testy about it for the last four months), some have been quite exceptional in their patience, as well as their advice, support and unfailing encouragement. More than anyone else, special mention must go to my supervisors, Steve Sturdy and Mike Barfoot, both of whom have repeatedly given up their time to give me help, advice and encouragement, not to mention lunch, beer, and various cakes and pies, as well as conversation which was about things other than this thesis (a much under-rated quality in a supervisor), to a point above and beyond the call of duty. I would not have got started - and certainly not finished - without them both.

Jon Adams, a man who can transgress any discursive boundary, has been an invaluable friend and confidante. Without meeting up for a chat (and some serious laughing) on average about eight times a day for the last three years, at times it would have been very hard going indeed.

Carole Tansley has seen more post-grads slaving over their theses than anyone else, and her understanding and sympathy for the whole process (especially the final stages) have been more valuable to me than she probably realises. And she has never once rebuked me for raiding the departmental cake tin during a late night session at the word-processor.

I must also thank Wendy Faulkner for her support in the early stages; Iain Doherty for encouraging me to start, and then for encouraging me to finish; Helen Wilson and Margaret Skinner for listening to it all (and a lot more besides), and for putting up with me.

Introduction

Accounts of women's entry to the medical profession tend to be dominated by the feminist politics of the late Victorian period, and by the personalities of individual campaigning women, such as Elizabeth Blackwell, Elizabeth Garrett Anderson, Sophia Jex-Blake and Elsie Inglis.¹ Sophia Jex-Blake, founder of the Edinburgh Hospital for Women and Children, looms large as an uncompromising, forthright, rather aggressive figure (at least by Victorian standards of feminine propriety) whose personality, even on the admission of her most devoted admirers, was one better suited to the confrontation of political struggle than to the more sensitive task of caring for the sick.² Perhaps also as a result of her high profile attack on Edinburgh University in the demand for women's medical education from 1869 to 1873, by comparison, her achievements in the medical profession after she gained her MD in 1878 seem unexceptional, and have therefore not attracted the attention of historians. The practise of women doctors in general, as a subject of historical interest, is likewise sadly neglected by historians and feminists, again perhaps because the *éclat* of their initial efforts to "storm the citadel" were not followed by any revolutionary impact on medicine or the medical

¹ D.C. Wilson, *Lone Woman (Elizabeth Blackwell)*, (Boston and Toronto: Little, Brown and Co. 1970); I. Ross, *Child of Destiny (Elizabeth Blackwell)*, (New York: Harper, 1949); J. Manton, *Elizabeth Garrett Anderson*, (London: Methuen, 1965); Shirley Roberts, *Sophia Jex-Blake: A Women Pioneer in Nineteenth-Century Medical Reform*, (London: Routledge, 1993); Margaret Todd, *The Life of Sophia Jex-Blake*, (London: Macmillan, 1918); Frances Balfour, *Dr. Elsie Inglis*, (London and New York: Hodder and Stoughton, 1918), M. Lawrence, *Shadow of Swords: A Biography of Elsie Inglis*, (London: Michael Joseph, 1971); Catriona Blake, *The Charge of the Parasols: Women's Entry to the Medical Profession*, (London: Women's Press, 1990); E. Moberly-Bell, *Storming the Citadel: The Rise of the Woman Doctor*, (London: Constable, 1953); Edythe Lutzker, *Women Gain a Place in Medicine*, (New York and London: McGraw Hill, 1969); Esther Pohl Lovejoy, *Women Doctors of the World*, (New York: Macmillan, 1957).

² Todd, *op. cit.* (n. 1), pp. 456-459.

profession.³ Once legally permitted to receive medical education and to have their names put on the medical register, women doctors disappeared quietly into the profession they had fought so hard to become a part of, working in private practice, in Public Health, or in their own small institutions, up and down the country.

As yet, few studies have sought to explore the goings-on in the hospitals and dispensaries which were founded and run by medical women throughout the late nineteenth and early twentieth-centuries.⁴ However, local studies of such institutions need to be undertaken to further our understanding of the integration of women into medicine. As a group who were initially isolated within, and resented by, the medical profession, the ways and means through which women practised medicine and built up a constituency for themselves in their chosen localities; and the extent to which they were eventually accepted by their male counterparts, needs to be addressed. These inquiries can conveniently be grounded in the history of a women-run hospital. Such an institutional setting also provides a locus for addressing broader questions concerning the role of women in the medical profession, and the socially contingent nature of medical knowledge. These issues will be considered throughout this history.

In addition to these sociological questions, points of historical inquiry must also be addressed: what, exactly, were medical women doing once they were permitted to practice as doctors? Who were they treating? Which fields of medicine were they practising in, and why? It is one of the purposes of

³ The only historical study which attempt to consider women's subsequent careers in the British medical profession is Mary Ann Elston, *Women Doctors and the British Health Services: A Sociological Survey of their Careers and Opportunities*, (unpublished PhD thesis, Manchester University, 1986). For a more specific study, see also Peter Mohr, *Women-Run Hospitals in Britain: A Historical Survey Focusing on Dr. Catherine Chisholm (1878-1952) and the Manchester Babies Hospital (Duchess of York Hospital)*, (unpublished PhD thesis, Manchester University, 1995). American scholarship on the subject is far more substantial. See, for example, Regina Markell Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*, (New York and Oxford: Oxford University Press, 1985); Mary Roth Walsh, *Doctors Wanted, No Women Need Apply: Sexual Barriers in the Medical Profession, 1835-1975*, (New Haven and London: Yale University Press, 1977); Virginia Drachman, 'The Limits of Progress: The Professional Lives of Women Doctors, 1881-1926', *Bulletin for the History of Medicine* 60 (1987): 58-72.

⁴ See, for example, Mohr, op. cit. (n. 3).

this thesis to answer questions such as these, with specific reference to the two women-run hospitals which were founded in Edinburgh in the late nineteenth and early twentieth-centuries: the Edinburgh Hospital and Dispensary for Women and Children which Sophia Jex-Blake founded (the Dispensary in 1878 and the Hospital in 1885) on her return to Edinburgh in 1878; and the Hospice (from 1924 renamed the Elsie Inglis Memorial Maternity Hospital), which was founded by Elsie Inglis and the Medical Women's Club of Edinburgh in 1899.⁵

As the older and larger of the two, (and also due to the greater availability of primary source material) the bulk of this thesis is devoted to the Edinburgh Hospital for Women and Children. Although the two Hospitals were amalgamated in 1910, they maintained their individuality, and specialised in different areas of medicine: the former in gynaecology, the general medical treatment of women, and from 1919 the treatment of venereal diseases; and the latter in obstetrics and maternal and infant welfare. The analysis in this thesis draws on material from the early and mid-nineteenth century. However, the main focus of interest is the period from the foundation of the Edinburgh Hospital through to the late 1920s, when the schemes for the treatment of venereal diseases and the maternal and infant welfare clinics which the medical women operated under the auspices of the Town Council were well established and had become institutions invaluable to the hospital health-care available in Edinburgh.

On their establishment both institutions were tiny - the Edinburgh Hospital having only six beds and one Attending Medical Officer (Jex-Blake). By the late 1920s, however, the Edinburgh Hospital had amalgamated with the Hospice (in 1910), and together they boasted nine physicians, surgeons and residents, with four dispensing physicians for out-patients, as well as a radiologist, an anaesthetist, and opthalmic surgeon, a dental surgeon, a

⁵ The Hospice was founded in 1899 as the George Square Nursing Home for Women, but transferred to 219 High Street and re-named the Hospice in 1904. This is discussed in greater detail in chapter 1 below.

pediatrician, a bacteriologist, a pathologist and an Almoner.⁶ Furthermore, although small, the Edinburgh Hospital was, none the less, from the outset an important institution in Scotland for the training of medical women, and throughout the years which this thesis covers a number of women doctors received part of their training there as Resident Medical Officers. At the Hospice too, women medical students were permitted to examine the cases and a Resident was appointed annually.⁷ Both institutions were clearly important and influential in the lives and training of a number of early medical women. The study attempted here will thus avoid biography, or concentrating on particular figures, but will approach the history of the Edinburgh Hospital and the Hospice from more general perspectives.

The first few generations of medical women who worked and trained at the Edinburgh Hospital for Women and Children and the Hospice attempted to resolve many of the tensions which were created by women's entry to the medical profession: tensions created by the appearance of what were commonly perceived to be sensitive, nurturing, moral, child-rearing females into the male world of paid employment, careerism, science and professionalism. Throughout this thesis the ways in which these issues were addressed, and the consequences which this had for the practices and professional interests of the medical women at the Hospitals, and also for women's role within the medical profession more generally, are explored.

Finally, it is worth observing that histories of hospitals have, traditionally, tended to be shamelessly teleological and Whiggish, with the achievements of the great and the good chronicled with unfailing admiration and praise. Edinburgh, with its famous University Medical School and Royal Infirmary, is particularly well endowed with an extensive body of literature of

⁶ Edinburgh Hospital for Women and Children and the Elsie Inglis Memorial Maternity Hospital (the Hospice) Annual Report 1930, p. 3.

⁷ The Hospice 1st Annual Report 1905; Notes of the Medical Committee of the George Square Nursing Home for Women, the Edinburgh Hospital for Women and Children and the Hospice, 1899-1918, 28th March, 1900, (no pagination). Information on the early years of the Hospice is scarce - there are no Executive Committee Minute Books, for instance, and the few Annual Reports which exist do not give the names of the doctors who worked there.

this type, which offers accounts of the successes of its University, its numerous hospitals, and the professors and doctors who worked in these institutions.⁸ Fortunately, the pre-eminence of the city in medical teaching and practise from the late eighteenth to mid nineteenth-century has also resulted in its enduring fascination for historians. More recent scholarship has thus approached the history of medicine in Edinburgh from a more analytical standpoint, exploring the interest groups at work in the production and use of medical and scientific knowledge.⁹ Although the point is not

⁸ See, for example, E.F. Catford, *The Royal Edinburgh Hospital: A Hospital with a Great Tradition*, (Edinburgh: Royal Edinburgh Hospital, 1962); idem., *The Royal Infirmary of Edinburgh, 1929-1979*, (Edinburgh: Scottish Academic Press, 1984); David H.A. Boyd, *Leith Hospital, 1848-1988*, (Edinburgh: Scottish Academic Press, 1990); Martin Eastwood and Anne Jenkinson, *A History of the Western General Hospital, Edinburgh*, (Edinburgh: John Donald, 1995); Arthur Logan Turner, *The Royal Infirmary of Edinburgh Bi-Centenary Year, 1729-1929*, (Edinburgh: Oliver and Boyd, 1929); idem., *The Story of a Great Hospital: The Royal Infirmary of Edinburgh, 1729-1929* (Edinburgh: Oliver and Boyd, 1937); Christine Hoy, *A Beacon in Our Town: the Story of Leith Hospital*, (Edinburgh: Christine Hoy, 1988); William Nairn Boog Watson, *A Short History of Chalmers Hospital*, (Edinburgh: Livingstone, 1964); Douglas Guthrie (ed.), *The Royal Edinburgh Hospital for Sick Children, 1860-1960*, (Edinburgh: Livingstone, 1960); Charles J. Smith, *Between the Streamlet and the Town: A Brief History of the Astley Ainslie Hospital*, (Edinburgh: Astley Ainslie Hospital, 1989); Guenter B. Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh*, (Cambridge: Cambridge University Press, 1986); Arthur Logan Turner (ed.), *The History of the University of Edinburgh, 1883-1933*, (Edinburgh: Oliver and Boyd, 1933); idem., *Joseph, Baron Lister: Centenary Volume, 1827-1927*, (Edinburgh: Oliver and Boyd, 1927); John D. Comrie, *Edinburgh Medical School*, (Edinburgh: University of Edinburgh, 1946); idem., *The Origins and Development of the Edinburgh Medical School*, (Edinburgh: Chambers, 1921); idem., *History of Scottish Medicine* (2 vols.), 2nd edition, (London: Bailliere, Tindall and Cox, 1932); G. Donaldson (ed.), *Four Centuries: Edinburgh University Life, 1583-1983*, (Edinburgh: University of Edinburgh, 1983); Douglas Guthrie, *A History of Medicine*, (London: Nelson and Sons, 1958); idem., *Extramural Medical Education in Edinburgh*, (Edinburgh and London: Livingstone, 1965).

⁹ See, for example, Roger Cooter, *The Cultural Meaning of Popular Science: Phrenology and the Organisation of Consent in Nineteenth-Century Britain*, (Cambridge: Cambridge University Press, 1984); idem., 'The Power of the Body: the Early Nineteenth-Century', in Barry Barnes and Steven Shapin (eds.), *Natural Order: Historical Studies in Scientific Culture*, (London: Sage, 1979), pp. 73-92; Christopher Lawrence, 'The Nervous System and Society in the Scottish Enlightenment', in *ibid.*, pp. 19-44; Steve Shapin, 'Nibbling at the Teats of Science,' in Ian Inkster and J.B. Morrell (eds.), *Metropolis and Province: Science in British Culture, 1780-1850*, (London: Hutchison, 1983), pp. 121-151; Steve Shapin and Barry Barnes, 'Science, Nature and Control: Interpreting Mechanics Institutes', *Social Studies of Science* 7 (1977): 31-74; Steve Shapin, 'Phrenological Knowledge and the Social Structure of Early Nineteenth-Century Edinburgh', *Annals of Science* 32 (1975): 219-243; G.N. Cantor, 'The Edinburgh Phrenology Debate, 1803-1928', *Annals of Science* 32 (1975): 195-218; John Harley Warner, 'Therapeutic Explanation and the Edinburgh Bloodletting Controversy: Two Perspectives on the Medical Meaning of Science in the Mid Nineteenth-Century,' *Medical History* 24 (1980): 241-258; idem., 'Physiological Theory

explicitly laboured, such scholarship informs the analytical approach taken in this thesis.

and Therapeutic Explanation in the 1860s: The British Debate on the Medical Use of Alcohol,' *Bulletin of the History of Medicine* 54 (1980): 235-257.

Chapter 1

Philanthropists and Feminists and the Establishment of the Edinburgh Hospital and Dispensary for Women and Children, and the Hospice, c.1869-1899

Introduction

The Edinburgh Provident Dispensary for Women and Children was the first medical institution to be established by a female physician in Britain outside London.¹ It was founded by Sophia Jex-Blake at 73 Grove Street in September of 1878, the year after her return to the city as a qualified medical practitioner. Seven years later, in 1885, the tiny dispensary transferred to 6 Grove Street and was expanded to become a cottage hospital containing six beds. This venture was such a success that the Hospital was again moved to larger and better equipped premises in 1900. As the Hospital expanded and up-graded its facilities at this point, this opening chapter will be concerned only with the early years of the Hospital as it operated in its original cramped location in the crowded streets of Fountainbridge. This chapter will discuss the founding of the Hospital and Dispensary in the context of the women's rights movement in Edinburgh in the mid to late nineteenth century, and will consider the role which it served for the medical women who worked there as well as for the Executive Committee, who were concerned with its day to day administration.

To begin with, the social restrictions placed on middle-class women in this period will be outlined, and the arguments put forward by the

¹ The New Hospital for Women had been founded by Elizabeth Garrett Anderson in London in 1872. Catriona Blake, *The Charge of the Parasols: Women's Entry to the Medical Profession*, (London: The Women's Press, 1990), p. 217.

scientific and medical communities to restrict women's public roles will be discussed.² These arguments will be shown to have had a direct bearing upon women's demands for entry to the public sphere, and will also provide crucial background for discussions concerning their entry into the medical profession. The importance of women's involvement in philanthropy, especially medical philanthropy in Edinburgh, will be considered, as this was the main avenue through which middle class women could defy these social restrictions and become involved in public life.

Despite their ever-increasing role and influence in philanthropy, as the century progressed many women became more confrontational, seeking entry to the public sphere on the same terms as men - through higher education and the professions. The two feminist campaigns which were central to women's bid for greater political and social autonomy in this period were those for the medical education of women, and the higher education of women. Both these campaigns, as they were played out in Edinburgh, and the consequential foundation and operation of the Edinburgh Hospital and Dispensary for Women and Children, will be discussed in this opening chapter.

Finally, although the Hospital primarily served the interests of women doctors in the city, its importance for the political interests and ambitions of those women who were directly involved with its administration must not be overlooked. Although the matter is rarely addressed in detail by historians, women's entry into and success within the medical profession was, certainly in this early period, dependent on local networks of committed supporters and sympathisers. To throw some light on this process as it occurred in Edinburgh, the political interests of those women who worked on the Executive Committee of the Hospital will be pieced together, and their personal involvement with national and local women's rights will be explored.

² Working class women were conveniently left out of arguments which suggested that women should stay at home and not go out to work. The discussions in this chapter are, thus, limited to the activities and concerns of the middle classes.

1. The Ideology of Separate Spheres

'Tis a beautiful thing, a woman's sphere!
I have pondered the question for many a year,
And have reached a conclusion that's perfectly clear -
That its not the trade that a woman's in,
The dirt or the weariness, toil or sin,
It is only the money, or the rank she may win
Which will lift her up out of her sphere!

'Tis a beautiful thing, a woman's sphere!
She may nurse a sick bed through the small hours drear,
Brave ghastly infection, untouched by fear,
But she mustn't receive a doctor's fee,
And she mustn't (oh, shocking), be called an MD,
For if woman were suffered to take a degree,
She'd be lifted quite out of her sphere!³

Historians, as well as Victorian commentators, have frequently drawn attention to the notion that there was a distinct 'ideology of separate spheres' at work in Victorian social life which prescribed a specifically private role for women and a public role for men: women were to remain in the home and were concerned with all things domestic, whilst men were concerned with the public world of business, commerce and the professions.⁴ Recent scholarship has examined the interpretation of the 'public' and 'private' spheres by women activists themselves. Rose suggests that although many women accepted the distinction between the two, it was created entirely by Victorian patriarchy. Those women who did not accept the restrictions posed by separate spheres, however, were, none-the-less, forced to confront them whenever they sought to enter the male-dominated arena of public life.⁵ Women activists chose either to re-interpret, or to ignore these boundaries in their efforts to open up for themselves new areas of activity. Male institutions, such as the universities, and professions,

³ Anon, 'Her Sphere', *Englishwoman's Review* (1875): 429.

⁴ For a succinct overview of this, see Jane Lewis, *Women in England 1870-1950: Sexual Divisions and Social Change* (Brighton: Harvester Wheatsheaf, 1984), chapter 3.

⁵ G. Rose, 'The Struggle for Political Democracy: Emancipation, Gender and Geography', *Society and Space* 8 (1990): 395-408, pp. 395-7.

such as medicine, inevitably had to be confronted and engaged with if women were to succeed in their objective of breaking down, or at least eroding, the distinctions between public and private. In the campaign for the medical education of women which was conducted throughout the 1870s, and in the campaign for women's university education which ran in tandem with it, women attempted to do just this, by seeking to carve out a distinctive position for themselves within the public sphere. To do so they drew on, and acknowledged, certain aspects of the separate spheres ideology, whilst at the same time stressing that women's ability to perform intellectually was equal to men's.

As we shall see throughout this thesis, the identity of the Edinburgh Hospital and Dispensary for Women and Children, as well as the practice of medicine there, owed much to the nineteenth-century women's movement. If we are to make historical sense of the organisation and evolution of women-run hospitals, therefore, it is important first to understand the specific political aims which underlay their foundation and history; whilst the pervasive 'ideology of separate spheres' informs any discussion of middle class women's public activities in the nineteenth-century.

That women were best fitted for motherhood and domestic life was insisted upon by various influential media throughout Victorian society. The journals of the period, for instance, were well stocked with articles, aimed at the middle classes, which admonished women to stay at home in their proper sphere, insisting that it was deeply inappropriate and unseemly for ladies to engage in public or paid work.⁶ In 1887, for example, in uncharacteristically restrained terms, *Chambers's Journal* stated the womanly ideal clearly:

it is only when each sex works faithfully in its own department, that the wheels of existence run smoothly ... We may illustrate their different spheres from the humblest family life, where the man goes out to his daily toil, and the woman is busy at home minding the house and looking after the children. The domestic sphere - all that concerns the care of the house and the household and the management of the children - pre-eminently is the

⁶ Anon., *A Woman's View of Women's Rights* (London, 1867), p. 6.

woman's kingdom.⁷

The persuasive tone of such articles varied considerably, sometimes presenting a picture of horror and degradation if women did not succeed at their "true vocation" as wife and mother. "If she fails as a mother, she fails as a woman and as a human being", thundered *Chambers's Journal* in 1884. "She becomes a mere rag, a tatter of nature's cast off clothing, spiritless, aimless, a failure".⁸

Although the rhetoric and vehemence of the popular press reveals the patriarchal nature of Victorian society in the second half of the century, it also implies that the press felt the need to shore up an ideology which was increasingly being criticised, questioned and challenged. From the mid-nineteenth century onwards the public world actively sought to convince women of their natural fitness for the role of wife and mother. The most powerful and influential means through which this ideology was articulated were education, science and medicine.

Lindy Moore suggests that Scotland possessed a unique tradition in education, stemming from Enlightenment theories concerning the development of the individual, which emphasised the need to improve women's reasoning abilities, scientific knowledge and morality, in order to fulfil better their domestic role.⁹ In turn, she argues, this respect for the importance of academic knowledge had led to the promotion of an academic education for both middle and working class girls in the late eighteenth and early nineteenth century.¹⁰ By the late nineteenth-century, therefore, when feminists suggested that women should be allowed access to higher

⁷ Anon., 'The Higher Education of Women. II. The Question of its Advantages', *Chambers's Journal* 4 (1887): 134-137, p. 134.

⁸ Anon., 'Girls, Wives and Mothers. A Word to the Middle Classes', *Chambers's Journal* 1 (1884): 33-35, p. 35. See also Anon., *The True Rights of Women*, (Second Edition), (London: Macmillan, 1869), p. 68.

⁹ Moore examines Scottish attitudes to women and education and points to an influential liberalism in Scotland's intellectual outlook which made women's pursuit of higher education more socially acceptable in Scotland than in England in the Victorian period. Lindy Moore, 'Educating for the "Woman's Sphere"', in Esther Breitenbach and Eleanor Gordon (eds.), *Out of Bounds, Women in Scottish Society 1800-1945*, (Edinburgh: Edinburgh University Press, 1992), pp. 10-41, p.10.

¹⁰ *Ibid.*, pp. 10-13 and p. 31.

education on the grounds that educated women would make far better wives and mothers, such ideas were consonant with the older liberal arguments for the academic education of women which had flourished during the Scottish Enlightenment.¹¹ Despite this, by the late nineteenth century fears that academic education would dis-incline or even dis-equip women from motherhood and domesticity had prevailed. The type and content of women's education had become the subject of intense debate throughout Britain, and this was also the case in Scotland. Education, it was claimed, should instruct women solely in subjects of direct use in their allotted domestic sphere, as "mis-educated" women were responsible for the "downward tendencies of much of our middle class society". To remedy this decline, it was suggested that they should be instructed in cookery, needlework, knitting and religion, thereby learning how to be a "source of comfort to the ... family ... [and] more skilled ... in the functions of the mother and the duties of the wife".¹²

Scientists and doctors added the weight of their authority to the discussion regarding the education of women. "Overtaxing" of the brain during study, for example, was frequently pin-pointed as a cause of middle class "deficiency in reproductive power".¹³ "Infertility", "flat-chestedness", spinal curvature, "extreme sensibility of nerves ... irritability of temper ... attacks of disease ... dullness of the brain", "weakness" and "degeneracy" all

¹¹ "A mind well cultured is indeed absolutely indispensable", wrote *Chambers's Journal* in 1887, "to the women who finds her chief work in the world of the home". Anon., 'The Higher Education of Women', op. cit. (n. 7), p. 137.

¹² Anon., 'Girls, Wives and Mothers', op. cit. (n. 8), pp. 33-36. Helen Corr argues that this type of attitude had an impact on state policy for the organisation of schooling and curriculum during the period. In accordance with this, in the latter half of the nineteenth century middle class secondary education in Scotland examined girls on their knowledge of domestic economy, needlework, French and botany. Boys, however, were examined on mathematics, algebra, physiology, geology and Greek. See Helen Corr, 'An Exploration into Scottish Education', in W. Hamish Fraser and R. J. Morris (eds.), *People and Society in Scotland*, vol. II, (Edinburgh: John Donald, 1990), pp. 290-309, pp. 302-303. For a study of the development of women's education in England, see Carol Dyhouse, 'Social Darwinist Ideas and the Development of Women's Education in England, 1880-1926', *History of Education* 5 (1976): 41-58. See also Sara Delamont, 'The Contradictions in Ladies' Education', in Delamont and Duffin, op. cit. (n. 4), pp. 134-163, and Sara Delamont, 'Domestic Ideology and Women's Education', *ibid.*, pp. 164-187.

¹³ Herbert Spencer, *The Principles of Biology*, vol. II, (London, 1867), pp. 485-486. Quoted in Dyhouse, op. cit. (n. 12), p. 43.

were cited as the negative effects on women of too much of the wrong sort of education.¹⁴

Throughout the period, science and medicine were increasingly used for the task - formerly performed mainly by religion - of justifying the social order.¹⁵ New scientific methods appeared to provide a clear path away from dogma and superstition towards a secular, empirically based knowledge of the natural and the social worlds. Although possessing a long history of arguments purporting to reveal that woman was inferior to man,¹⁶ by the late nineteenth century, scientists and medical men were attempting to be far more precise and empirical in their conclusions than they had ever been before. Increasingly, scientific "evidence" was seen to be conclusive, and those who had access to it were able to claim considerable authority in social matters. Women were biologically determined, it was argued, and their reproductive organs meant that they were "naturally" destined for motherhood.¹⁷ Furthermore, a smaller brain and diminutive physique were pointed out as evidence of their evolutionary inferiority to men; and the constant ailments, illnesses, nervousness and hysteria which afflicted them were cited as

¹⁴ *Girls Own Annual* 1892, quoted in Irene Dancyger, *A World of Women: An Illustrated History of Women's Magazines* (Dublin: Gill and Macmillan 1978), p. 88; Anon., 'Sex in Mind and Education: A Commentary', *Blackwood's Edinburgh Magazine* 65 (1874): 736-749.

¹⁵ For example, Russett cites George Combe, Scottish populariser of phrenology, who claimed that phrenology provided an alternative, not a correlative, to religion. Cynthia Eagle Russett, *Sexual Science: The Victorian Construction of Womanhood* (Cambridge, Mass., and London: Harvard University Press, 1991), p. 17. Many historians have discussed the role which Victorian science and medicine played in authorising and perpetuating notions of women's inferiority. For example, Lorna Duffin, 'The Conspicuous Consumptive: Woman as Invalid', in Sara Delamont and Lorna Duffin (eds.), *The Nineteenth-Century Woman, her Cultural and Physical World*, (London and New York: Croom Helm, 1978)', pp. 26-56; Carroll Smith-Rosenberg, 'Puberty to Menopause: The Cycle of Femininity in Nineteenth-Century America,' in Mary S. Hartman and Lois Banner (eds.), *Clio's Consciousness Raised: Perspectives on the History of Women*, (New York and London: Harper and Row, 1974), pp. 23-37; Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (New York and London: Harvester Wheatsheaf, 1989); Ornella Moscucci, *The Science of Woman*, (Cambridge: Cambridge University Press, 1990); Catherine Gallagher and Thomas Laqueur (eds.), *The Making of the Modern Body* (Berkeley and London: University of California Press, 1987).

¹⁶ Russett, op. cit. (n. 15), p. 3. Russett cites Aristotle, Galen, William Harvey and Descartes.

¹⁷ See Thomas Laqueur, 'Organism, Generation, and the Politics of Reproductive Biology', in Gallagher and Laqueur, op. cit. (n. 15), pp. 1-41.

testimony to their physical and psychological insubstantiality, and thus their unfitness to engage in public life.¹⁸ New disciplines and areas of study, such as physiology (which was rapidly developing into a laboratory based discipline in the later nineteenth-century), psychology and Darwinian evolutionary theory were used to legitimise and confirm the inferior capabilities and position of women in society.¹⁹ Scottish biologist Patrick Geddes, for example, with his disciple J. Arthur Thomson, used biological and evolutionary theories to demonstrate and explain male aggression and female passivity; men's greater intelligence and women's greater constancy of affection, sympathy and patience. These were sex roles which, Geddes claimed, had been decided in the lowest forms of life, and which political, social and technological change could do nothing to alter.²⁰

Although considered physiologically incapable of rational, logical, or scientific thought, women were frequently described as possessing various "special" and "womanly" virtues, such as "delicacy of perception, quickness of insight, grace, gentleness, and a self control wonderful to think of".²¹ Because of these unique qualities, it was conceded that women possessed

¹⁸ Duffin, op. cit. (n. 15); Carroll Rosenberg-Smith, 'The Hysterical Woman', *Social Research* 39 (1972): 652-678; Ann Douglas Wood 'The Fashionable Diseases: Women's Complaints and their Treatment in Nineteenth Century America', in Hartman and Banner, op. cit. (n. 15), pp. 1-22; Regina Morantz, 'The Lady and her Physician', *ibid.*, pp. 38-53.

¹⁹ Lewis, op. cit. (n. 4), pp. 83-85; Duffin, op. cit. (n. 15). For instance, Herbert Spencer, pioneer of sociological theory, claimed that women's nurturing urges increased the more highly developed a society became. See Carolyn Steedman, *Childhood, Culture and Class in Britain: Margaret McMillan, 1860-1931*, (London: Virago, 1990), p. 121. For a discussion of the employment of Darwinian evolutionary theory to further reinforce arguments that middle-class women should stay in the home, see Elizabeth Fee, 'The Sexual Politics of Victorian Anthropology', in Mary Hartman and Lois Banner (eds.), *Clio's Consciousness Raised*, (New York and London: Harper and Row, 1974), especially pp. 91-92 and p.101.

²⁰ Patrick Geddes and J. Arthur Thomson, *The Evolution of Sex*, (London: Scott, 1889). One of the best articles on this aspect of the thought of Patrick Geddes is Jill Conway, 'Stereotypes of Femininity in a Theory of Sexual Evolution', *Victorian Studies* 5 (1970): 47-62. The relationship between women and Victorian medical men, however, is far more complicated than this simple overview suggests. Despite his arguments about the limitations of women, for example, J. Arthur Thomson was one of the supporters of the medical women, lecturing to them on biology in the 1880s and 1890s. Similarly Thomas Clouston, who wrote extensively about the unsuitability of women's brains for sustained intellectual activity and yet taught the medical women. Both men were also close friends of Jex-Blake. Margaret Todd, *The Life of Sophia Jex-Blake*, (London: Macmillan, 1918), p. 500 and p. 526.

²¹ Anon., 'What Woman is Fitted For,' *Westminster Review* 77 (1887): 64-75, p. 71.

one characteristic in which they were superior to men: their morality. "[W]omen's excellence over man is ... in the sphere of wisdom, and love, and moral power", wrote Thomas Laycock in 1869, voicing a widely held opinion.²² Phoebe Blyth of the Ladies Edinburgh Debating Society explained: because woman was

considered by nature the guardian of infancy, childhood and youth ... she must represent and defend the highest form of Christian morality, of self denying religion, of all pervading godliness, and should she ever withdraw from one or other of these high functions, it will be well neither for herself nor for society.²³

Indeed, the "vicious" instincts of men could only be restrained if the "holy influence" of "refined" and "gentle" women was always at hand to "hold ... men's passions in check".²⁴ By the mid nineteenth-century, therefore, "a powerful discourse of feminine domesticity had emerged which attempted to confine women to the house".²⁵

Clearly, for women to gain access to public life a number of substantial cultural barriers and social conventions had to be breached, and an influential body of received scientific and medical knowledge had to be countered. It was through their involvement with philanthropy, and through the emerging feminist movement, that Victorian women attempted to do just this. Both lady philanthropists and feminists sought to liberate women from

²² Thomas Laycock, *Mind and Brain*, vol. II, second edition, (London: Simpkin, Marshall and Co., 1969), p. 483. Laycock was Professor of the Practise of Medicine at Edinburgh University, Professor of Clinical Medicine at the Royal Infirmary of Edinburgh, and Lecturer on Medical Practice at the Extra-Mural Medical School. See also Geddes, op. cit. (n. 20), pp. 246-247, discussed in Conway, op. cit. (n. 20), pp. 52-53. Women's moral qualities and what was understood to be their wondrous moral influence on society were still being stressed in the early twentieth century. See Anon., 'The Progress of Woman', *Quarterly Review* 195 (1902): 201-220.

²³ Phoebe Blyth, 'Woman's Work', *Ladies Edinburgh Magazine* 1 (1875): 184-188, p. 185.

²⁴ Anon., 'The Influence of Women', *Chambers's Journal* (1880): 305-306, p. 137.

²⁵ Rose, op. cit. (n. 5), p. 396. The division between the public and private was never a simple or actual dualism. For instance, men had access to the private sphere in their role as head of the household, but were also left free to engage in the public world of government, commerce, science and the professions, without threat of competition from women. See L. Davidoff and C. Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850*, (London: Hutchison, 1987).

the confines of the private sphere: the former through an overt emphasis on women's moral role and Christian duty, and the involvement of women in unpaid charity work outside the home; the latter through an emphasis on women being different, but equal to men, with rights to the same opportunities in society - especially in terms of property, the franchise, and access to education and to the professions. Both formulated arguments which emphasised the importance of their unique moral qualities for the public sphere, and suggested that there needed to be a public role for women if this moral quality was to have any useful impact on society. This, however, is where their similarities ended. The following section will explore the different means through which women attempted to gain access to the public sphere.

2. Escape from the Private Sphere: Philanthropy

As the nineteenth-century progressed, the ideology of separate spheres became increasingly incompatible with the realities of daily life. For instance, Victorian society encouraged and applauded social mobility, individual development and dedicated hard work,²⁶ yet these liberal values were antithetical to the stay-at-home ideal and "confirmed idleness" of a "novel-reading" and "piano-playing" wife or daughter.²⁷ Women could feasibly claim, therefore, that the caring, nurturing qualities which they were purported to possess would be best employed for the overall benefit of society if they were allowed to be exercised outside, as well as inside the home. This was a moral obligation, it was argued, one which was an extension of

²⁶ Martha Vicinus, *Independent Women: Work and Community for Single Women, 1850-1920*, (London: Virago 1988), pp. 4-5.

²⁷ Anon., 'Girls, Wives and Mothers', op. cit. (n. 8), p. 33. See also Lorna Duffin, 'The Conspicuous Consumptive', in Delamont and Duffin, op. cit. (n. 15), pp. 26-56, p. 26. Duffin is anxious to stress the idleness of such middle-class wives. For a contrasting interpretation see Patricia Branca, 'Image and Reality: The Myth of the Idle Victorian Woman', in Hartman and Banner, op. cit. (n. 15), pp. 179-191.

their Christian duty to minister to the sick, the fallen and the destitute.²⁸ Such arguments were used to justify women's involvement with the numerous charities and philanthropic concerns which proliferated in the Victorian period. These included schools for the poor, hospitals, orphanages, benevolent societies, and various other charitable organisations, such as the YMCA, and the Salvation Army.

With its overt moral overtones, involvement in philanthropy became one of women's earliest avenues into public life.²⁹ Single, middle-class women of independent means were especially zealous in their pursuit of this form of activity outside of the home. Without marital obligations to husband and children, single women had the leisure time to dedicate themselves to philanthropic causes. The ever growing number of such "surplus women" was considered to be one of the most pressing concerns of the age; and although, as we shall see, many of them were to become involved in various feminist causes, a less confrontational outlet for their desire to enter the public arena was through philanthropy.

The roles which women found for themselves in philanthropy were various; the most influential and adventurous, however, was the task of "visiting" for a benevolent society. Middle-class women would enter the slums of the impoverished working-classes on behalf of a particular charitable organisation, such as the Edinburgh Society for the Relief of the Destitute Sick, or the Edinburgh Benevolent and Strangers' Friend Society. They would examine the homes and the living conditions and habits of the poor and offer material assistance, such as food and clothing, and sometimes money. These useful things were dispensed with a mandatory dose of moral guidance, religious instruction and advice on domestic management, with the recipients being exhorted to foster such middle-class virtues as thrift,

²⁸ F. K. Prochaska, *Women and Philanthropy in Nineteenth-Century England*, (Oxford: Clarendon Press, 1980), pp. 11-12 and Olive Checkland, *Philanthropy in Victorian Scotland*, (Edinburgh: John Donald, 1980), p. 324 and p. 332. Such arguments led to, and justified, women's involvement in philanthropy. See *Chambers's Journal*, 'The Higher Education of Women. II. The Question of its Advantages', op. cit. (n. 7), p. 135.

²⁹ The earliest philanthropic ventures included prison visiting, which was begun in 1810 by Elizabeth Fry in an attempt to improve conditions for women prisoners; and the visiting of work-houses by women for bible readings, which was instigated by Louisa Twining in the early 1850s. Blake, op. cit. (n. 1), pp. 2-4.

providence, temperance, cleanliness and religious devotion.³⁰

As voluntary work, a middle-class woman's commitment to a philanthropic cause was in tune with the Victorian notion that industriousness was commendable, yet it was also acceptable to the ideal of the non-working woman. As Sarah Ellis observed: "a lady may do almost anything from motives of charity or [religious] zeal ... but so soon as a woman begins to receive money, however great her need, ... the heroine is transformed into a tradeswoman."³¹ Visiting the sick and helping the poor with hand-outs of food, clothes and (especially) religious and moral advice became the socially approved public activity of middle-class women.³² Victorian philanthropic organisations, many of which constituted the only form of welfare provision other than the work-house which existed prior to the establishment of the welfare state, depended for their success upon the women who worked for them as voluntary visitors.

By the late nineteenth century a spirit of professionalism had emerged amongst those women who were involved in charity work, especially those who were engaged in voluntary visiting and in the executive committees of the various charitable organisations. It was increasingly recognised by women themselves that effective charity workers had to be "trained, disciplined and businesslike, with considerable organisational skills".³³ Women "have developed an unexpected capacity for organisation", remarked Octavia Hill, "and an enthusiasm for difficult, disagreeable and unpromising work".³⁴ Much of the professionalisation of women's voluntary visiting

³⁰ For a discussion of the work of these societies see Olive Checkland, *op. cit.* (n. 28), pp. 22-23.

³¹ Sarah Ellis, *Education of the Heart: Woman's Best Work* (London: Macmillan, 1869), p. 14. See also the exchange of opinion between Sophia Jex-Blake and her father on the subject of her accepting payment for tutoring work. Todd, *op. cit.* (n. 20), pp. 67-72.

³² See Judith R. Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London*, (London: Virago, 1994), chapter 2, especially sections on 'shopping ladies', 'charity workers'; and 'the glorified spinster and the "manly woman"', pp. 46-50 and pp. 52-68; Prochaska, *op. cit.* (n. 28), p. 1; Anne Summers, 'A Home From Home, Women's Philanthropic Work in the Nineteenth Century', in Sandra Burman (ed.), *Fit Work For Women*, (London: Croom Helm, 1979), pp. 33-60.

³³ Walkowitz, *op. cit.* (n. 32), p. 54.

³⁴ Quoted in *ibid.*, p. 54. For further discussion of Hill's work with the COS, the professionalisation of social work and the lack of value accorded to such work by women, see Jane Lewis, 'Women, Social-Work and Social Welfare in Twentieth-Century Britain:

was due to the influence of Hill herself, who had established an ambitious project of slum improvement, surveillance and supervision in the 1860s. Hill was particularly concerned that the proliferation of charities in the later Victorian period was leading to the poor becoming dependent and thriftless. This concern led, in turn, to her becoming one of the founder members of the Charity Organisation Society (COS) in 1869. In Edinburgh, the Edinburgh Association for Improving the Condition of the Poor, which had been founded one year earlier, pre-empted the work, as well as the philosophical outlook, of the COS, and it did not officially become a branch of that organisation until 1906.³⁵

The impulse behind the foundation of the Edinburgh Association, as well as the COS, was a concern for the extensive amount of waste and overlap in the provision of charity, and a belief that if philanthropic organisations were co-ordinated in some way, then this waste could be reduced. This was backed up by the notion that the poor could be weaned out of habits of dependence and improvidence by receiving charitable hand-outs only if they were truly deserving. Furthermore, all help given to the poor must be as constructive and character-building as possible. The poor must learn to help themselves, the COS argued, rather than simply expect to receive charity whenever they wanted it. “Whereas a previous generation of philanthropic visitors had exercised their patronage on a stick and carrot basis - with fear of the workhouse balanced by some hope of material assistance” remarked Anne Summers, “the COS visitors’ power would rest mainly on stick.”³⁶ This was also largely true of the COS’s work in Scotland, as well as of the work of organisations such as the Edinburgh Association. Under Scottish Poor Law, however, there was no provision for the able-bodied. The COS in Scotland, therefore, tended to be more generous in the charitable hand-outs it made than its English counterpart.³⁷

The elimination of waste and the maximisation of philanthropic effort

from (unpaid) Influence to (paid) Oblivion?”, in Martin Daunton (ed.), *Charity, Self-Interest and Welfare in the English Past*, (London: UCL Press, 1996), pp. 203-224.

³⁵ Checkland, op. cit. (n. 28), p. 299.

³⁶ Summers, op. cit. (n. 32), p. 54.

³⁷ Checkland, op. cit. (n. 28), pp. 298-302.

involved some serious fact finding about the prospective recipients of charity, along with the assessment of individual cases. Doing this properly demanded the recruitment of a large number of women visitors to pursue inquiries about the needs of individuals and families. Under the auspices of the COS, the work of the lady visitor increasingly took on a professional aspect, as more and more middle-class women were recruited to visit, monitor and assess the behaviour as well as the material needs of the poor before charity was dispensed. In Victorian Britain, dirt, poor living conditions, sickness and disease were often attributed to moral failure.³⁸ For the COS, the problem of poverty was most definitely a moral one, and one which could be overcome if the poor learned correct middle-class habits and values, such as providence and sobriety; and attempted to meet middle-class standards of child care and domestic hygiene. It is for this reason that so much of women's involvement in philanthropy took the form of visiting, dispensing Christian advice by reading and distributing "suitable texts of scripture", and by advising the poor to follow middle-class standards of social and moral propriety. Philanthropists hoped that such action would result in moral reform, thereby making the poor less prone to fall into vice, less dirty and infected with illness and disease, and therefore less of a burden on the pockets of the charitable middle-classes.³⁹

In addition to societies, philanthropic institutions also abounded, with hospitals and dispensaries, magdalene asylums, lying-in institutions, nursing homes, ragged schools or orphanages, to name but a few, flourishing throughout the Victorian period. Women's philanthropic roles in these institutions varied. Sometimes they were members of the executive committees, most especially in those institutions which aimed at serving the needs of women and children, such as the magdalene asylums, orphanages or lying-in institutions.⁴⁰ More generally, however, women served their

³⁸ This was an opinion which was also held by a number of high profile public figures such as Owen Chadwick, Florence Nightingale, Elizabeth Blackwell and Octavia Hill. Summers, *op. cit.* (n. 32), pp. 53-59.

³⁹ *Ibid.*, p. 53; Walkowitz, *op. cit.* (n. 32), p. 54.

⁴⁰ Prochaska, *op. cit.* (n. 28), p. 75.

chosen philanthropic institution by forming their own “ladies committee”, which oversaw the provision of moral advice to those who were fortunate enough to be the objects of middle-class charity. Such “ladies committees” were most notably found in the large voluntary hospitals, whose executives were male dominated until well into the early twentieth-century. This was the case even in those hospitals which catered solely for women, such as the Edinburgh Royal Maternity and Simpson Memorial Hospital. Indeed, even at this institution it was not until 1910 that women were allowed access to the more serious executive task of running the hospital itself.⁴¹

3. Women’s Voluntary Role in Medical Philanthropy in Victorian Edinburgh

Charitable health care provision in Britain, and particularly in Scotland, was both extensive and generous, especially when compared to the medical care provided by the Poor Law institutions. By the later nineteenth century, when the great Royal Infirmaries were re-built and extended, institutional health care in Scotland was second to none.⁴² Due to the international reputation of its medical school and the presence of the Royal College of Physicians (established in 1681) and Royal College of Surgeons (established in 1505), medical philanthropy held an especially prominent place in Edinburgh.⁴³ By the late nineteenth century, the city was home to an extraordinary number of hospitals and “medical charities”. It not only boasted one of the most prestigious teaching hospitals in the country, the Royal Infirmary (founded in 1729 and closely connected to the university medical school) - which included the Lock Hospital for the treatment of venereal diseases; but also three other “Royals”: the Royal Edinburgh Asylum (1813); the Edinburgh Royal Maternity and Simpson Memorial

⁴¹ Two women were appointed to the Board of Directors of the Simpson in this year. Edinburgh Royal Maternity and Simpson Memorial Hospital Annual Report, 1910.

⁴² M.A. Crowther, ‘Poverty Health and Welfare’, in W. Hamish Fraser and R. J. Morris, *op. cit.* (n. 12), pp. 265-289.

⁴³ Checkland, *op. cit.* (n. 28), p. 154.

Hospital (1843), ("Simpson Memorial" was added to its name on the move to new premises in 1879.), and the Royal Edinburgh Hospital for Sick Children (1860). In addition to this, there were seven other special hospitals, three municipal hospitals,⁴⁴ eighteen dispensaries,⁴⁵ and four convalescent homes,⁴⁶ as well as sundry other "medical charities" at work within the city. Indeed, the *Edinburgh Charities Registration Union Handbook of Edinburgh Charities and Benevolent Institutions* for 1888 lists a further 7 charities operating in Edinburgh for the dispensing of "medical relief".⁴⁷

The constraints made upon women's public activity by male definitions of power, expertise and professional identity were more apparent, and more restrictive, in hospitals than in most other forms of philanthropy.

⁴⁴ The Ear Eye and Throat Infirmary (1834); Chalmers Hospital (1864); the Longmore Hospital For Incurables (1874); the Edinburgh Dental Hospital (1880); the Edinburgh Hospital For Women and Children (1885); the Deaconess Hospital (1894); and the Lying-In Institution on Nicholson Street. These philanthropic institutions existed along side the municipal health care provided by the City Fever Hospital (although originally part of the Royal Infirmary, after 1885 it was housed separately in the old Infirmary buildings in High School Yards.); the Hospital For Infectious Diseases (1871. Formerly Canongate Poorhouse), and Craigleith Hospital and Poorhouse (1868), which became the Victoria Hospital for Consumption and Diseases of the Chest in 1894.

⁴⁵ The Royal Public Dispensary and Vaccination Institution (1776); the New Town Dispensary (1815); the Eye Dispensary (1822); the Lying-In Institution (1824); the Fountainbridge Street Dispensary (1830 and another branch in 1870); the Port Hopetoun Dispensary (c.1830); the Cowgate Dispensary (1858. Also known as the Livingston Memorial Mission's Training Institution, and Medical Missionary Society's Dispensary from 1877); the Women's Dispensary at the Chalmers Institute (1870); Richmond Street Dispensary (c.1875); Rose Street Dispensary (c.1875); the Edinburgh Dispensary for Women and Children at Grove Street (1878 with another branch opened briefly at Surgeon's Square in 1883-4.); the Edinburgh Provident Dispensary in Marshall Street (1878); the Skin Diseases Dispensary (1887); the Victoria Tuberculosis Dispensary (1887); the Edinburgh Women's Dispensary (1887), and the Homeopathic Dispensary. A number of these were affiliated with special hospitals, some of which had begun as dispensaries, (for example, the Edinburgh Hospital and Dispensary for Women and Children (1885), and the Edinburgh Dental Hospital (1860). Many were simply dispensaries in their own right. In addition to those mentioned above, the voluntary hospitals generally had their own dispensaries and used these as out-patient departments.

⁴⁶ Corstorphine (1867 - a branch of the Royal Infirmary); Duddingston (1867 - connected to the Edinburgh Medical Missionary Society); and two at Gilmerton: the Ravenscroft Convalescent Home (1878) and the Children's Convalescent Home (1881).

⁴⁷ From the *First Annual Report of The Edinburgh Charities Registration Union and Handbook of Edinburgh Charities and Benevolent Institutions* (1888), pp. v-vii; H. C. Burdett, *Burdett's Hospitals and Charities* (London, 1899), p. 529, pp. 553-554 and pp. 621-652; Checkland, op. cit. (n. 28), pp. 178-208 and pp. 214-215.

Thus, due to the civic importance of the voluntary hospitals,⁴⁸ as well as the ever-increasing professional interests and ambitions of the doctors and administrators who ran them, women's philanthropic role there (aside from their professional role as nurses⁴⁹) was largely confined to the moralising activities of the "ladies committee".⁵⁰ The Annual Reports of the Edinburgh

⁴⁸ Most of the large general hospitals (infirmaries) were also voluntary hospitals. Voluntary hospitals were established by philanthropists (usually local businessmen) and were sustained by donations, subscriptions, and bequests which were then often shrewdly invested. It was a matter of respectability to have one's name on the subscriptions list of a voluntary hospital, and social kudos, combined with appeals to conscience and religion, served to ensure these hospitals were generally well endowed. Entry to the Infirmary was through the 'subscribers line': whereby the subscriber had the right to send patients to the hospital in proportion to the amount of his or her subscription. 'Lines' were then used for the benefit of the 'deserving' poor, or for servants or employees. Those who could afford to subscribe - namely the better off - did not use their lines themselves. Patients in the voluntary hospitals were clearly charity patients. With their association with university Medical schools, teaching hospitals, such as the Edinburgh Royal Infirmary, were also important for the development of medical theory and practice. Positions on the staff, therefore, were much sought after in the medical profession. For a brief overview of this subject, see Checkland, *op. cit.* (n. 28), pp. 152-164. More detailed discussion can be found in the numerous histories of the voluntary hospitals in Edinburgh. See, for example, E.F. Catford, *The Royal Edinburgh Hospital: A Hospital with a Great Tradition*, (Edinburgh: Royal Edinburgh Hospital, 1962); *idem.*, *The Royal Infirmary of Edinburgh, 1929-1979*, (Edinburgh: Scottish Academic Press, 1984); David H.A. Boyd, *Leith Hospital, 1848-1988*, (Edinburgh: Scottish Academic Press, 1990); Martin Eastwood and Anne Jenkinson, *A History of the Western General Hospital, Edinburgh*, (Edinburgh: John Donald, 1995); Arthur Logan Turner, *The Royal Infirmary of Edinburgh Bi-Centenary Year, 1729-1929*, (Edinburgh: Oliver and Boyd, 1929); *idem.*, *The Story of a Great Hospital: The Royal Infirmary of Edinburgh, 1729-1929*, (Edinburgh: Oliver and Boyd, 1937); Christine Hoy, *A Beacon in Our Town: the Story of Leith Hospital*, (Edinburgh: Christine Hoy, 1988); William Nairn Boog Watson, *A Short History of Chalmers Hospital*, (Edinburgh: Livingstone, 1964); Douglas Guthrie (ed.), *The Royal Edinburgh Hospital for Sick Children, 1860-1960*, (Edinburgh: Livingstone, 1960); Guenter B. Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh*, (Cambridge: Cambridge University Press, 1986). For a general history of the administration of hospitals in England and Wales, see Brian Abel-Smith, *The Hospitals, 1800-1948: A Study in Social Administration in England and Wales*, (London: Heinemann, 1964). For a more critical appraisal of the hospital system, see Lindsay Granshaw and Roy Porter, (eds.), *The Hospital in History*, (London: Routledge, 1989).

⁴⁹ Nursing as a profession developed under the auspices of Florence Nightingale from the mid 1850s. This was one occupation which middle-class women were permitted to enter with little opposition from men. For a history of the development of the nursing profession see, for example, Robert Dingwall and Anne Marie Rafferty (eds.), *An Introduction to the Social History of Nursing*, (London: Routledge, 1988); Celia Davies (ed.), *Rewriting Nursing History*, (London: Croom Helm, 1980).

⁵⁰ The Annual Reports of the Royal Infirmary of Edinburgh, for example, draw attention to the work of the "ward visitors"; by which it is referring to the bands of middle-class women who went round the wards dispensing moral advice to those incapacitated by sickness and disease. There were between 70 and 90 of these women "visiting" each year throughout the 1880s and 1890s. With their "kindly visits and Christian sympathy", they

Royal Maternity and Simpson Memorial Hospital (the Simpson) provide the fullest information on the activities of a Ladies Committee in one of Edinburgh's voluntary hospitals.

Most of those who attended the Simpson were unmarried mothers, and it is for this reason that the moral advice of middle-class ladies was deemed to be of such importance. The aim of the Simpson's Ladies Committee was "to promote the ... moral and spiritual welfare" of the inmates through being concerned with such essentials as persuading "the unfortunate young women ... [to] submit ... to church discipline". If the Hospital was to be "of real value to the community", the ladies argued, "it must be made a means of acting on the moral senses of the poor women who find there a temporary home". For this reason they introduced a "Bible Woman" into the wards, who read extracts of the bible to the patients and then followed them after they left the hospital to continue her preaching in their homes.⁵¹ Although "often much discouraged" by her singular lack of success, the indefatigable Bible Woman continued her efforts for many years, only occasionally managing to prevent a few of the girls from "falling lower".⁵²

At the Simpson, the high proportion of unmarried or "deserted" young mothers provided ample opportunity for moral crusading, a mission which only women were qualified to perform. "Returning ... girls who have erred ... to the paths of virtue" announced the Annual Report of the Simpson in 1886, was "a duty which they only can do".⁵³ Even as late as 1895, the Ladies Committee at the Simpson was still being commended on its "loving

were regarded as doing "much to cheer the patients and bring home to them the consolations of divine love". In addition to the ward visitors, the "Ladies of the Flower Mission" would distribute flowers to the patients, along with "suitable texts of scripture" or "books approved by the chaplain". The Infirmary was also home to the Samaritan Society, which was run by women and sought to offer help, in money and in second hand clothes, to the families of patients in the Infirmary who were breadwinners. See Royal Infirmary of Edinburgh Annual Reports 1882-1893; Molly Davidson Kelly and Peggy Bowden, *The Edinburgh Royal Infirmary Samaritan Society 1879-1979*, (Edinburgh, 1979).

⁵¹ Royal Edinburgh Maternity and Simpson Memorial Hospital (Simpson) Annual Report 1876.

⁵² Simpson Annual Report 1877.

⁵³ In the previous year the Simpson had opened a home for young mothers at 20 Glen Street. Simpson Annual Report 1886.

care and kindness ... a special, and one of the highest forms of women's work".⁵⁴ Generally, however, women remained excluded from what was perceived to be the more serious task of hospital administration. Indeed, in 1882, the Annual Report from the Royal Infirmary, although thanking the "visitors", "Samaritans" and "Flower Mission" for their efforts, went on to point out that this was "not ... Infirmary work proper".⁵⁵

In 1883, attention was drawn to the exclusion of women from the administration of the hospitals of Britain in the pages of the *Englishwoman's Review*. It was argued that there was a "crying need for a fair proportion of women on the committees of our hospitals", and that "women who have leisure and means at their disposal should enter upon this work".⁵⁶ Hospitals, especially the Infirmaries, were notoriously conservative and hierarchical institutions.⁵⁷ Indeed, so small was the change in the administrative profile of hospitals over the ensuing twenty years that Louisa Twining was compelled to renew the claim in 1901. Stressing the conventional assumptions about women's domestic and caring role, Twining argued that it was "only natural, and in accordance with the order of the world, that women should share in the making of rules and regulations which concern domestic management and the welfare of the sick, whether men, women or children".⁵⁸ Women's appointment to the general executive of the general hospitals, however, was to remain a slow process. It was up to women to found their own institutions for the treatment of the sick if they were to get the experience in hospital administration which they craved.

Whether as members of a Ladies Committee at a large voluntary hospital; or as visitors to the homes of the poor on behalf of the COS or a particular charity or society; or, indeed, any involvement with philanthropy -

⁵⁴ Simpson Annual Report 1895.

⁵⁵ Royal Infirmary of Edinburgh Annual Report 1881-1882.

⁵⁶ L. Ormiston-Chant, 'Hospital Management', *Englishwoman's Review* (1883): 246-7 and 300-303.

⁵⁷ Blake, op. cit. (n. 1), pp. 91-138; E. Moberly Bell, *Storming the Citadel, The Rise of the Woman Doctor* (London: Constable, 1953), pp. 62-84; Todd, op. cit. (n. 20), pp. 218-398.

⁵⁸ Louisa Twining, 'Women on Boards and Committees of Management in Hospitals and Other Institutions', *Englishwoman's Review* (1901): 101-103, p. 101.

be it taking part in door-to-door collections or running a stall at a fund-raising bazaar - this successful extension of middle class women's lives into the public sphere was generally due to their willingness to work within the traditional definitions of women's role in society.⁵⁹ Women gained for themselves some measure of authority and freedom of movement within society, albeit bounded by the social prescriptions of a woman's duties. It is on these grounds that the philanthropic ladies committees have received criticism from historians, and there is some debate as to whether they were concerned with the extension of women's rights.⁶⁰ However, their voluntary work for charitable organisations has been pin-pointed as the first step in the professionalisation of women's "traditional" skills, and as doing much to lay the ground for further claims by feminists for entry to professional and paid work.⁶¹ The first women poor law guardians to be appointed in the late 1870s had their origins in women's involvement with philanthropic work, for example, whilst social workers, sanitary inspectors, and health visitors also find their antecedents in women's philanthropic visiting in the mid to late Victorian period.⁶² As Anne Summers suggests, "[i]n asserting a particular feminine point of view, women philanthropists made an indirect contribution towards the emancipation of women of their own class". They should be given credit for this, she argues, even if their "philanthropic initiatives were often diametrically opposed to the

⁵⁹ The link between "evangelical feminism" - which stressed the importance of women's moral and domestic role and sought to expand it into the public sphere - and philanthropy, would seem to be clear. See Prochaska, op. cit. (n. 28), p. 181. For a more detailed discussion of the different strands of feminism which occurred in this period, see Olive Banks, *Faces of Feminism: A Study of Feminism as a Social Movement*, (Oxford: Martin Robertson, 1981); and idem, *Becoming a Feminist: The Social Origins of First Wave Feminism*, (Brighton: Harvester Wheatsheaf, 1986).

⁶⁰ For example, Anne Summers, whilst acknowledging their importance, has also criticised the middle class philanthropic ladies for being moralising, hypocritical and self-satisfied. Summers, op. cit. (n. 32), pp. 43-45.

⁶¹ Ibid., p. 33. Vicinus, op. cit. (n. 26), p. 23; Celia Davies, 'The Health Visitor as Mother's Friend: A Woman's Place in Public Health 1900-1914', *Social History of Medicine* 1 (1988): 39-59; Steedman, op. cit. (n. 19), pp. 121-135; Lewis, 'Women, Social Work and Social Welfare', op. cit. (n. 34); A.F. Young and E.T. Ashton, *British Social Work in the Nineteenth-Century*, (London: RKP, 1956).

⁶² Summers, op. cit. (n. 32), pp. 55-60; Davies, op. cit. (n. 61); Walkowitz, op. cit. (n. 32), p. 54

emancipation of women in the social class beneath them".⁶³

Despite the gains for women which their involvement with philanthropy and charitable visiting occasioned, however, throughout the later nineteenth-century women began to challenge men more openly. The opportunities offered by philanthropy were all well and good, but many middle-class women expected more of an equal and active role in society, often due to their need to be able to take up some form of paid employment. The growth of the commercial bourgeoisie during the mid and late nineteenth century had led to an increase in the number of single middle class women, both with and without independent means.⁶⁴ For the middle class woman who did not have the economic means to remain at home or to involve herself with voluntary charity work, however, there were few socially acceptable ways of earning her keep. One rather extreme view, the author of which, not surprisingly, chose to remain anonymous, declared that an unmarried middle class woman could, in all propriety, "be nothing but an authoress ... or a governess".⁶⁵ The question of what was to be done with such "surplus women", who had no choice but to seek paid work and, thus, presented a sustained challenge to the traditional views about women's position in society, was one of the most repeatedly discussed topics in the journals of the period.⁶⁶ It was single women, many of whom were in search of employment, who were especially active in the feminist movement of the later nineteenth century.⁶⁷ Women argued that, in addition to their unique

⁶³ Anne Summers argues that women's work throughout history is taken for granted and not accorded sufficient recognition by historians. See Anne Summers, op. cit. (n. 32), p. 33.

⁶⁴ Blyth, op. cit. (n. 23), pp. 185-187.

⁶⁵ Anon., *The True Rights of Women*, Second Edition (London: Macmillan, 1869), p. 50.

⁶⁶ For example, Francis Power Cobb, 'What Shall We Do With Our Old Maids?', *Fraser's Magazine* 66 (1862): 594-610; Anon., 'Old Maids', *Blackwood's Edinburgh Magazine* 62 (1872): 94-108; Jessie Boucherett, 'How to Provide for Superfluous Women', in Josephine Butler (ed.), *Woman's Work and Woman's Culture* (London: Macmillan, 1869).

⁶⁷ It has often been pointed out that the "first wave" of the women's rights movement in Britain, which occurred from the mid nineteenth-century through to the end of the women's suffrage campaigns of the early twentieth-century, was primarily carried out by middle-class ladies, many of them unmarried. This was largely because it was only the middle classes who had the time, the money and the education to be able to articulate their grievances and translate their discontents into political action. For an analysis of the backgrounds of politically active women in this period, see Banks, *Faces of Feminism*, op. cit. (n. 59), p. 155; Vicinus, op. cit. (n. 26), pp. 7-10.

moral qualities, they were just as capable as men in all aspects of intellectual endeavour and should be given the opportunity, for the good of society, to demonstrate this. They demanded that women should be able to enter the public sphere on the same terms as men; demanded equality with respect to property, education and employment opportunities and, increasingly, demanded the vote. Much to the horror of the middle class "manly fellows" in business, commerce and politics,⁶⁸ they focused their arguments on the removal of all barriers that hindered single women from earning a decent living.⁶⁹ Nineteenth-century feminists, including the medical women, emphasised both women's moral uniqueness, as well as their intellectual equality in their bid to enter public life.

The campaign for the medical education of women and the campaign for the higher education of women which proceeded quietly along side it, were two of the most important struggles of "first wave" feminism. Although both campaigns were, ultimately, part of the same movement to secure higher education for women, the two approached the issue very differently. The moral role which women were alleged to serve in society was hijacked by both groups, however, in their arguments to enter the universities for either a liberal or a professional education.

4. Escape from the Private Sphere: the Campaign for the Medical Education of Women, 1869-1878

The first women to have their names put on the medical register in Britain were Elizabeth Blackwell (1858) and Elizabeth Garrett Anderson (1866). Blackwell had trained in New York, and her qualification from

⁶⁸ Stephan Collini, *The Public Moralists*, (Oxford, Clarendon Press, 1991), chapter 5, pp. 195-6. Collini analyses the Victorian notion of the importance of character in a man. '[T]he individual should be manly, self-respecting, doing his duty as well as getting his pay', remarked one Victorian commentator, Leslie Stevens, in the 1890s, 'and deeply convinced that nothing will do any permanent good which does not imply the elevation of the individual in his standards of honesty, independence and good conduct'. Quoted on p. 195.

⁶⁹ Lewis, *op. cit.* (n. 4), pp. 88-89.

America had been accepted by the British medical profession. From the Medical Act of 1858, however, it was stipulated that no foreign degree was sufficient to qualify for inclusion on the British Medical Register. Garrett Anderson had qualified as a licentiate of the Society of Apothecaries in London in 1866, and this had allowed her access to the Register. The Society had not intended that this should be a route for women to enter the medical profession, but had failed to include a clause which barred women from attending lectures and from sitting the necessary exams. Once Garrett Anderson had received her licentiate, however, this omission was speedily rectified. From this date, therefore, there was no route in Britain for women to gain the qualifications needed to practise as doctors, especially as they were not able to enter the universities at this time. It was not until the late 1860s, when Sophia Jex-Blake began the battle for the medical education of women at Edinburgh University, that the issue of women's right to enter the medical profession was fully confronted.⁷⁰

Under the almost single-handed efforts of Florence Nightingale, women had, since the early 1860s, found paid employment for themselves in the medical profession as nurses. Certainly, the reforms of hospital hygiene and efficiency which were necessary if nursing was to develop as a reputable profession were not carried out without some conflict with the administrators of the voluntary hospitals. However, the "nursing revolution" which occurred from mid-century had not incurred the wrath of the profession as the medical women were about to do. Nursing, by the 1860s, not only provided middle-class women with an avenue out of the home and into paid employment, but had also demonstrated that there was a role for women in the medical profession, even if that role was as auxiliaries to medical men, rather than as their equals. The effort, and success, of Nightingale was at least an example which the early medical women could look to as they began their own efforts to enter the medical profession as doctors.⁷¹

In her book *Medical Women: A Thesis and A History*,⁷² Jex-Blake

⁷⁰ Blake, op. cit. (n. 1), pp. 28-40 and pp. 57-77.

⁷¹ Ibid., pp 6-7 and pp. 78-79.

⁷² Sophia Jex-Blake, *Medical Women: A Thesis and a History*, (London: Macmillan, 1886. First published in 1872). The book included an essay, 'Medicine as a Profession

set out the arguments which were to be used in support of women's claim for the right to medical education. For a start, she pointed out that women were traditionally regarded as the healers in society. Indeed, she went on, before the eighteenth-century, women had been allowed to practise medicine, but had been eased out of the profession by male dominance and control of scientific knowledge and innovations. As a prime example of this she cited the rise of the "man mid-wife" who, through the introduction of forceps, had wrested control over this most female of functions from women themselves. It was only with the establishment of a male monopoly over scientific knowledge of anatomy, physiology and medical treatment, therefore, that women had been excluded from medical practice. She accused "learned men" of preventing others from gaining access to their knowledge.⁷³ Furthermore, the division of labour in the voluntary hospitals between doctors, who were male, and nurses, who were female, had only been brought about as a result of this unjust historical process. For women to claim that they had a right to practise medicine was, she argued, simply a call for the re-instatement of a traditional role.

In the second place, Jex-Blake pointed out that it was for the sake of the health of women at large that there was a crying need for physicians and surgeons of the female sex. Women doctors were badly needed to preserve women's modesty from the probing and lascivious fingers of male doctors. Many women, she argued, found the attentions of male doctors both invasive as well as deeply embarrassing and distressing. This was especially the case when dealing with obstetrical and gynaecological matters. Although many women accepted the services of male doctors at these times, this did not mean that they would not prefer to be attended by a doctor of their own sex. Indeed, she went on, many women were so reluctant to be examined by a male doctor, that they often left serious gynaecological disorders to remain untreated, or sought medical advice only when the illness or disease was far advanced. Much pain and misery, even death, could be avoided, she concluded, if women were able to be attended by fully qualified female

for Women', which had been published in 1969, and also a history of the struggle for women's medical education, in the second edition going up to 1886.

⁷³ Ibid., p. 53.

doctors. It was this concern for the modesty of women and the belief that female doctors had a special role to play in preserving the health of other women, which emerged as one of the most persuasive arguments in favour of the need for women doctors. Indeed, it has been suggested that the notion of “women’s mission to women” informed and inspired the first generation of medical women, rather than any concern with equality and careerism.⁷⁴

Jex-Blake also argued that having female doctors would greatly increase medical knowledge about women. As women and children were to be the main constituents of women’s medical practice, this could not fail to increase knowledge of the biology and physiology of women’s bodies. Finally, standards of obstetrical training and practise were bound to improve if women were able to practice medicine amongst their own sex.⁷⁵ Having been subjected to the lewd comments and foul language of medical students after a year at Edinburgh University, Jex-Blake added that the presence of women would also serve to elevate the moral tone of the medical profession itself.⁷⁶

Armed with these arguments, which she had first set out in her essay ‘Medicine as a Profession for Women’,⁷⁷ in March of 1869, Sophia Jex-Blake went to Edinburgh to attempt to enter the university to study medicine. In Edinburgh, sympathisers with her cause included Alexander Russel, editor of the *Scotsman* newspaper, David Masson, professor of English, and Sir James Young Simpson, professor of obstetrics.⁷⁸ David Masson

⁷⁴ Mary Ann Elston, *Women Doctors and the British Health Services: A Sociological Survey of their Careers and Opportunities*, (unpublished PhD thesis, Leeds University, 1986), p. 228, p. 248, and pp. 261-262.

⁷⁵ Jex-Blake, op. cit. (n. 72), pp. 4-53.

⁷⁶ Blake, op. cit. (n. 1), pp. 135-136.

⁷⁷ Sophia Jex-Blake, ‘Medicine as a Profession for Women’, in Josephine Butler, (ed.), *Women’s Work and Women’s Culture*, (London: Macmillan, 1869).

⁷⁸ Unfortunately, despite being sympathetic to the medical women, Simpson died in early 1870 before he could be of any strategic use to them. Sophia Jex-Blake herself remarked that the death of Simpson was a ‘great and unexpected blow to the cause of women’s medical education at Edinburgh’. Letter to *The Times*, 4th September 1873. Elston argues that such was Simpson’s status in the city that he might have successfully championed the cause of the medical women at the University. Elston, op. cit. (n. 74), p. 127. It has been rightly observed that ‘first wave’ feminism was dependent on the help, sympathy and support of a number of well connected men for its successes. See Olive Banks, *Becoming a Feminist*, op. cit. (n. 59), p. 157. This worked both ways, however, for example, Jex-Blake was convinced that ‘one man and his immediate followers’ was

provided Jex-Blake with a letter of introduction to Professor George Balfour, Dean of the Medical Faculty, and she wrote to him formally asking for entry to the medical degree course. Initially, the reception she received was not hostile: she was permitted to attend the classes in the Summer term of that year, and was actually accompanied to a number of the lectures by some of the lecturers' wives. The question of women studying medicine at Edinburgh University was formally brought before the medical faculty, the University Court, and the University Senate at the end of the summer of 1869. The Senate was made up of professors from each faculty, whilst the Court was made up of eight representatives, two from the city of Edinburgh and four from the university faculties.⁷⁹ The University Court and the Senate declared that they were not opposed to the medical education of women, but that they were not prepared to make special arrangements (that is to say, they were not prepared to arrange separate classes) for just one woman.

It was at this point that the opposition to female medics which was to make the campaign in Edinburgh so controversial began to emerge. A number of the professors of medicine registered their disapproval of women receiving medical education, amongst these being the influential Sir Robert Christison, who was a member of both the Senate and the Court, and whose opposition to the medical women in Edinburgh was to become one of their greatest obstacles. In addition to this, the University Court received a petition from 180 male medical students, which anticipated that the lecturers would be compelled to modify the subject matter of their lectures so as not to offend the delicate sensibilities of any women present. It was argued that this would mean that the majority of students would suffer simply because of the presence of a few dilettante women students.⁸⁰ Furthermore, on a national level, the letter pages of the *Lancet* were inundated with letters from outraged Edinburgh graduates who opposed the entry of women to their Alma Mater. With competition within the medical profession growing in intensity, maintaining the prestige of Edinburgh University medical degrees

responsible for 'the whole opposition' to the medical women. Jex-Blake, op. cit. (n. 72), pp. 73-75. She was referring to Professor Christison of the University Medical School.

⁷⁹ Todd, op. cit. (n. 20), p. 244.

⁸⁰ Ibid., p. 248.

was the main thrust of their concern, as they feared that any association with women would lower the standards and reputation of their medical degrees. Furthermore, medical men already saw their occupation as being overcrowded and underpaid, and the entry of women to medicine would only intensify the competition, depriving men of patients and jobs, especially in the field of obstetrics and gynaecology.⁸¹

Despite these initial hostilities, at the beginning of the academic year in October of 1869, Jex-Blake and four other women succeeded in matriculating at the University. The four women who joined Jex-Blake were Edith Pechey, Isabel Thorne, Matilda Chaplin and Helen Evans. A year later they were joined by Mary Anderson and Emily Bovell. Arguments against medical women pointed to the impropriety of having men and women taught together in the same classroom - especially in the anatomy classes and the dissecting rooms. Jex-Blake sought to get round this issue by attempting to persuade the lecturers to teach the women students in separate classes. Now that there was a small group of women seeking medical education, the University could no longer object on the grounds that it was inconvenient to make separate arrangements for the teaching of just one woman. Although not all the lecturers were prepared to oblige, a number of them did, including John Hughes Bennett, professor of Physiology; Dr. Crum Brown, professor of Chemistry; J.H. Balfour, professor of Botany and Dr. Allman, professor of Natural History.⁸² In the spring examinations all five medical women got prizes in Botany and four of the five were in the honours list for Physiology and Chemistry.⁸³

From mid 1870, the opposition and hostility of the medical faculty to the medical women in Edinburgh grew. In March of that year Edith Pechey came top of the class in chemistry and should have won the Hope Scholarship, a prize awarded annually to the student with the highest marks in that subject. The scholarship was awarded to a man, who had come second, rather than to Pechey. The reasoning behind this decision was that the women had been taught in separate classes to the men. As such, the

⁸¹ Blake, *op. cit.* (n. 1), p. 100 and pp. 103-104.. See also Todd, *op. cit.* (n. 20), p. 286.

⁸² *Ibid.*, p. 234, p. 268, and pp. 277-279.

⁸³ Blake, *op. cit.* (n. 1), pp. 91-105.

professor argued, they were not properly a part of the chemistry class and were ineligible for any prizes or scholarships. In addition to this snub, the University also refused to issue certificates of attendance to the women students for those classes which they had passed. The women appealed against both decisions. Although the Senate agreed to issue the certificates, they refused to re-allocate the scholarship, a decision which received criticisms in both local and national newspapers, and even in the *British Medical Journal*, which had been resolutely against the medical women from the start. It was the controversy surrounding the allocation of the Hope Scholarship which marked the beginning of a systematic effort to exclude women from medical education at Edinburgh University.

The main concern voiced by the medical profession in opposition to women medical students continued to be over mixed classes. Indeed, even people who supported the medical women were “staggered at first at the thought of mixed classes”, especially in anatomy.⁸⁴ As some of the professors who had taught the women students in separate classes at the University had, under pressure from colleagues, withdrawn their services, by early 1870 the question as to who would lecture to the medical women was of paramount importance. Furthermore, this same question had yet to be resolved with regard to the need for the women students to receive clinical instruction on the wards of a teaching hospital, an essential part of medical education. In addition to petitioning the lecturers at the University medical faculty, and as well as those at the extra-mural medical school, the medical women had yet to approach the managers of the Royal Infirmary of Edinburgh for permission to “walk the wards”.

It was fortunate for the medical women that the University was not the only place in the city where they could attend classes in medicine. The extra-mural medical school provided lectures to medical students outside the university to prepare them for the licentiate examinations of the Royal College of Surgeons and the Royal College of Physicians, Edinburgh. Edinburgh University accepted four courses taken at the extra-mural school

⁸⁴ Both Edith Pechey’s father and Sophia Jex-Blake’s mother expressed these sentiments on first hearing that mixed classes were to be proposed. Todd, op. cit. (n. 20), p. 279.

in place of four taken at the University medical school.⁸⁵ Thus, although the medical faculty was closing ranks against the women students, all was not lost as the extra-mural school was still prepared to accommodate them. In July of 1870 all nine of the extra-mural lecturers agreed to accept women in their classes, along with the male students. Dr. Handyside agreed to allow the women to attend his anatomy class and dissecting room at Surgeon's Hall, as long as none of his colleagues objected.⁸⁶ By October 1870, having passed all the necessary classes offered by the extra-mural school, despite the continuing hostility from the students and professors of the University as well as from the medical press, the women then approached the Royal Infirmary.⁸⁷

It was at this juncture that the issue of mixed classes was most strenuously voiced by the medical women's opponents. In the wards of the hospital, it was argued, women would be witness to the most hideous diseases and illnesses, the sights, sounds and smells of which would shock and offend their delicate sensibilities. This would be the case especially in the wards where male diseases were treated, particularly those diseases which were associated with vice and debauchery. It was morally wrong for ladies to be found in such close proximity to these unwholesome sights. These opinions were voiced by the University medical professors, by a number of the physicians and surgeons at the Royal Infirmary, as well as in the medical press and various interested journals and newspapers. The medical women and their supporters countered these suggestions by arguing that if medicine was an objective science, as the medical profession was a pains to claim that it was, then there could be no problem with men and women sharing in the scientific facts of illness and disease, as well as in the biological and physiological realities of those facts. Furthermore, they went on, women were already present on the wards as nurses, and in this professional role they were witness to all manner of illnesses and diseases in

⁸⁵ Ibid., p. 551.

⁸⁶ Ibid., p. 278.

⁸⁷ In October of 1871 an attempt once again to gain admittance to the lectures at the University was defeated in the Senate by a vote of 47 to 46. Blake suggests that the vote was heavily influenced by Professor Robert Christison's observation that the Queen herself was against women doctors. Blake, *op. cit.* (n. 1), p. 123.

both male and female patients.

As a voluntary hospital, however, the Royal Infirmary was dependent for its income on the subscriptions and donations of various businesses and wealthy members of the public. Despite being sympathetic to the medical women, therefore, the managers were reluctant to make a decision which would jeopardise the loyalty of their subscribers in any way. In October of 1870 when Jex-Blake and the medical women applied to the Infirmary, the managers looked to the medical and surgical consultants for a decision. Sixteen out of the nineteen members of the medical staff voted against allowing women into the Infirmary for the purpose of clinical instruction. Those who voted in their favour were John Hughes Bennett, George Balfour and Patrick Heron Watson.⁸⁸

The next event in the saga was the ‘riot’ at Surgeon’s Hall. Perhaps sensing victory, the male medical students had, since the women’s failure to gain entry the Infirmary, been harassing and intimidating them with jeers and threats, “shutting doors in our faces, ostentatiously crowding into the seats we usually occupied, bursting into hoarse laughter and howls when we approached”.⁸⁹ On November 18th 1870, as the medical women attempted to enter Surgeons Hall for an anatomy lecture, they were met by “a dense mob filling up the roadway [which was] sufficient to stop all traffic for about an hour.” The gates of the Hall were slammed in the women’s faces by the half-drunken mob of male students, who proceeded to swig whisky from within whilst abusing the women “in the foulest possible language”. Although the women managed to enter the lecture theatre, the howls of the crowd were still audible from within, and the mob was waiting for them when they emerged to hurl mud and more verbal abuse.⁹⁰

By January of 1871 a number of memorials and petitions had been presented to various bodies with the power to help or hinder the medical women’s cause. In December of the previous year a memorial had been submitted to the extra-mural lecturers signed by 66 students complaining at

⁸⁸ Todd, op. cit. (n. 20), p. 289.

⁸⁹ Jex-Blake, op. cit. (n. 72), p. 90; Todd, op. cit. (n. 20), p. 290.

⁹⁰ Ibid., pp. 291-292; Jex-Blake, op. cit. (n. 72), pp. 92-93; Blake, op. cit. (n. 1), pp. 125-126.

the presence of the female students. The College of Surgeons passed a resolution by 27 votes to 4 against mixed classes, although there was nothing they could actually do to stop the lecturers at the college from teaching women students. Prior to the election of the board of managers at the Infirmary in January of 1871, a memorial urging that women be denied access to the Infirmary for clinical instruction was presented to the managers, signed by 504 out of the 550 male medical students at the University. In favour of the medical women, the female subscribers of the Infirmary used their right to vote for the first time ever, all 16 of them supporting the medical women.⁹¹ In addition to this, 956 Edinburgh women signed a petition demanding that the medical women be allowed to enter the Infirmary for the purpose of study, and submitted it at the meeting before the Infirmary elections.⁹² Speeches were made by Jex-Blake and by her supporters, and also by their opponents. In spite of all the speeches and petitions, however, the Infirmary electors voted against the admission of women by 100 votes to 98.⁹³

Despite this defeat, there was a great deal of support for Jex-Blake in Edinburgh, especially amongst women. The high profile of the medical women's campaign had met with the disapproval of a number of feminists and early supporters, including Elizabeth Garrett Anderson, who was fundamentally opposed to the more aggressive and confrontational tactics of Jex-Blake. However, the campaign had certainly served to bring the matter of the need for women doctors to the fore-front of public attention throughout the country, and especially in Edinburgh itself. In January of 1871, after the women's defeat at the Infirmary elections, the Committee for Securing the Complete Medical Education of Women was formed. By the end of its third week in existence the committee numbered over 300. In the mean time, Jex-Blake applied to Leith Hospital for permission for the women students to receive clinical instruction there. This was denied them on the

⁹¹ Those who made subscriptions over a certain value over the year were eligible to vote in the elections for the board of managers at the Royal Infirmary. The Board of Managers was supposed to act in the interests of the subscribers.

⁹² Blake, *op. cit.* (n. 1), p. 127, p. 128 and p. 130.

⁹³ Todd, *op. cit.* (n. 20), p. 300; Blake, *op. cit.* (n. 1), pp. 131-132.

grounds that making the necessary arrangements would be inconvenient. An agreement with St. Cuthbert's Poorhouse was eventually reached, although as a place for receiving instruction in clinical medicine and surgery, a poorhouse infirmary was far from satisfactory.⁹⁴

June of 1871 saw Jex-Blake hauled into court on charges of libel pertaining to remarks she had made about Dr. Craig in her speech before the managers of the Infirmary in the previous January. She had maintained that the students who had been present at the 'riot' at Surgeon's Hall had been tacitly encouraged by their teachers. Furthermore, she had suggested that Mr. Craig, Sir Robert Christison's assistant, had been not only one of the ring leaders, but had also probably been drunk, had used foul language, and had been there with Christison's approval. She was found guilty by the jury, but the damages she was ordered to pay amounted to only one farthing. Despite this triumph, the judge demanded that she pay costs of £915 11s 1d.⁹⁵ There was widespread outrage amongst the public at this decision. Letters were published in the *Scotsman* in support of Jex-Blake, and the trial and its outcome did at least have the effect of intensifying support for the medical women. An appeal was begun to cover the costs, with the *Scotsman* publishing lists of all those who subscribed. The appeal was open for only a month before the necessary amount had been collected, with a surplus of £100 which was set aside for the future foundation of a hospital for women and children which would be staffed by women doctors.⁹⁶

Efforts to exclude the women from receiving medical education continued. In June 1870 the extra-mural lecturers back-tracked on their previous decision to teach the women, even in separate classes. Having already paid out enormous sums of money for their medical education so far, the medical women were now confronted with the likelihood of being unable to finish their degrees.⁹⁷ They petitioned the University Senate, requesting

⁹⁴ Ibid., pp. 132-134.

⁹⁵ Todd, op. cit. (n. 20), pp. 298-300 and pp. 306-319.

⁹⁶ Ibid., p. 322.

⁹⁷ The fees for the medical women were expensive, being at least "double the usual fees for a man", Todd, op. cit. (n. 20), p. 257; Although the usual fees were set at four guineas for a "full course of instruction" in any given course, the University decreed that, as there were so few women matriculated for medicine, the fees for the lectures could be set at the lecturers discretion, in order to make it sufficiently worth their while to lecture to a

that special arrangements be made to allow them to finish their studies, but the motion was defeated by one vote. Lawyers were consulted, who said that the women were legally entitled to graduate from the University. This, combined with the usual sympathetic coverage in the *Scotsman*, and the fact that a petition had been presented to the Senate which had been signed by 9127 women from all over the country demanding that the medical women be allowed to sit the exams at the University, pressurised the Senate to agree. There then followed three months of discussion as to whether the wording of the University Calendar for 1869, which had sanctioned the entry of women to lectures in medicine, had actually meant that they were able to graduate and enter the medical profession, or whether it had simply permitted them to attend lectures.⁹⁸

Events proceeded, whilst the University Medical Faculty and Senate attempted to wriggle out of their obligations to the medical women. In May 1872, the women won a small victory in that the Royal Dispensary agreed to give them practical instruction. The remaining months of the year were spent in a legal wrangle with the Infirmary. When the 19 members of the medical staff were asked whether they were prepared to teach the women students, only the three who had agreed to the proposal the previous year were still amenable to the idea. In December, the women were admitted to the Infirmary, but were only allowed into the wards of professors Balfour and Heron Watson, and only at times when the male medical students were not present. Balfour gave clinical instruction to the women on three mornings a week, whilst Heron Watson gave surgical instruction from 9 to 10 o'clock on Sunday mornings, the only time which was available.⁹⁹ Although this instruction was useful, it was not really enough.

In the meantime, the University had been unable to reach a decision

separate class of women, Todd, p. 261. "As we have to make entirely separate arrangements, the Anatomy will be very expensive" remarked Jex-Blake to Dr. Lucy Sewall in America, "about £100 probably for us five, - and of this I shall pay about one third, as two of the students are not at all rich ... My fees this year will be about £55 or £60 ... for the six months ... I have made up my mind to spend if needful £1000 on this business". Ibid., p. 267.

⁹⁸ Blake, op. cit. (n. 1), pp. 138-140. For the precise wording of the University Calendar on the matter of medical women see Todd, op. cit. (n. 20), pp. 260-261.

⁹⁹ Blake, op. cit. (n. 1), pp. 144-145.

with regard to the women's right to sit exams in the courses which they had attended. The medical women responded by bringing an action of Declarator against the University Senate. As a result, it was decided in the law courts that although the University could not be forced to allow women into its own classes, the medical faculty had at least to recognise and allow them to sit the examinations for those courses which they had attended at the extra-mural school, as it was legally obliged to do with all medical students. Unfortunately, however, in November Sophia Jex-Blake failed to pass these exams. Regardless of the fact that she had been campaigning tirelessly for women's right to medical education for three years, was also involved in speaking in favour on the question of women's suffrage and had, only months earlier, published her book *Medical Women: A Thesis and a History*, the *Lancet* looked upon her failure as justification that women really did not have the intellectual ability to practise medicine.¹⁰⁰

Success in Edinburgh was becoming an increasingly unlikely prospect. Although it had been decreed that the classes the medical women had taken at the extra-mural school had to be accepted by the University, only four such courses were admissible as a part of the MD. With the University medical professors refusing to lecture to the medical women, the full number of courses required could never be arrived at. Furthermore, the exclusion of the women from surgical operations at the Infirmary prevented them from gaining the experience necessary to qualify in this area of medical education. Finally, in June of 1873 the Court of Session upheld the University's appeal against the women's right to be examined by the medical faculty. There was now no way for the medical women to gain even a part of their degree from the University of Edinburgh. Although the women continued to attend extra-mural lectures throughout 1873, the battle for medical education in Edinburgh, which had lasted for almost four years, was over.¹⁰¹

Although the story of the medical women in Edinburgh at this juncture had come to an end, their efforts to enter the medical profession

¹⁰⁰ Ibid., p. 147-149.

¹⁰¹ Todd, op. cit. (n. 20), pp. 388-395.

continued. Those women who had studied in Edinburgh eventually went abroad to finish their medical education, Jex-Blake herself graduating MD from the University of Berne in 1877. In the four years between the end of the campaign in Edinburgh and the gaining of her MD, however, Jex-Blake remained active in the campaign for women's medical education in Britain. Travelling to London in 1873, she became involved in the establishment of the London School of Medicine for Women (LSMW), which opened on 12th October, 1874. Of the 14 original students at the LSMW's opening, 12 had been studying medicine at the extra-mural school in Edinburgh. The School had a staff of qualified lectures, many of whom were already teaching at other teaching hospitals in London, and who taught the medical women under disapproval from their colleagues in the profession.¹⁰²

The injustice of excluding those women who had received a full medical education from the medical register was also discussed in Parliament. In mid 1876 the Russell Gurney Enabling Bill was introduced, whereby the granting of licenses to women to practise medicine was proposed. Women continued to be excluded from medical schools and from licensing bodies, such as the Royal Colleges of Physicians and Surgeons. However, once they had obtained their medical degrees from foreign universities, the Enabling Bill at least made it possible for them to obtain a licentiate from one or other (or both) of the Royal Colleges which would enable them to practise as surgeons or physicians in Britain. The only question which remained was which licensing bodies in Britain would be prepared to grant licenses to women. The Enabling Bill became Law on 12th August 1876. In response to this victory, Jex-Blake and a number of the medical women who had studied in Edinburgh travelled to Europe, mainly to Berne, Paris and Zurich, to gain their MDs, returning to seek the licentiate which would allow them to practise medicine in Britain. In Dublin, the Royal College of Physicians and Surgeons of Ireland was prepared to allow women to sit the necessary exams, and in May 1877, eight years after she had first attempted to enter the medical profession, Jex-Blake and four other medical women from Edinburgh had their names put on the medical

¹⁰² Blake, *op. cit.* (n. 1), pp. 167-171.

register.¹⁰³ The following year the University of London opened up all its degrees to women, although it was not until February of 1879 that the LSMW was recognised for the purposes of London University medical degrees. In June of 1878 Jex-Blake returned to Edinburgh.¹⁰⁴

The struggle for the medical education of women represents just one campaign, albeit perhaps the most violent and high-profile, of the whole of the nineteenth-century women's rights movement. As suggested earlier, to understand the nature of the medical women's struggle it is important first to be aware that there were a number of different ideas about women and their place in society in this period. These pre-conceptions were influential in determining the nature of the debates which surrounded the issue of women's right to receive medical education and to practice as physicians.

As we have seen above, there were two ideological strands to women's bid to enter the public sphere. The first was one which emphasised women's right to be considered as equal to men and their right to an independent existence: to be autonomous, morally, legally and eventually politically, with the public world open to them on the same terms as it was open to men. To achieve this goal they needed education, and education to the same standard as men. One of the most oft repeated arguments to counter women's desire to be allowed equal political and professional rights to men was the notion that they were intellectually inferior, and not equipped mentally and emotionally to deal with the rigors of the public world. Such debates were loudly voiced during the campaign for the medical education of women, most frequently by medical men themselves.¹⁰⁵

For example, one of the most well-publicised attacks on women's mental suitability for further education was Henry Maudsley's 'Sex in Mind and Education', which was published in the *Fortnightly Review* in April of 1874. Maudsley claimed that over-education would harm the health of girls, and that mental and physical exertion after the onset of puberty would result in menstrual disorders and sterility. Maudsley's arguments, which brought together in one article a number of current medical opinions on the matter,

¹⁰³ Ibid., pp. 178-185.

¹⁰⁴ Ibid., p. 210.

¹⁰⁵ See above section, 1, ff. 15

were hastily dismissed by Elizabeth Garrett Anderson in London. In a rejoinder in the following edition of the *Review* she claimed that it was intellectual frustration and lack of exercise which resulted in ill-health among middle-class women. She also pointed to the unrelenting hard physical work which working class women endured without being incapacitated by menstruation.¹⁰⁶ This exchange of opinions aside, any suggestion that women were intellectually inferior to men was generally swiftly countered by saying that any such claim was empirically testable - if women were simply allowed the same opportunities in education as men they would demonstrate their ability there and then. As Jex-Blake suggested, they simply asked for “a fair field and no favour”.¹⁰⁷ It was this concern which also led to the medical women’s fear of being taught in separate classes and institutions to the men (which would leave them open to the charge of having received an inferior academic, as well as professional education); and fear of being granted access to the medical profession through a separate (and therefore inferior) section on the medical register.

Clearly, as we have seen, the medical women were *not* treated equally and were *not* given a fair chance to demonstrate their intellectual abilities. It was outrage at the unfair way in which they were treated by the medical profession in general, and at Edinburgh University in particular, which explains much of the support which they received throughout the country. The principle of equality, however, does not explain why so many people, both male and female, thought that medicine was a suitable profession for women. Instead, “it was ... the ideology of separate spheres that set the overall terms of the debate” for and against female doctors.¹⁰⁸ This leads us on to consider the second strand of feminist thought which was dominant throughout the Victorian period. This second strand drew on the notion that women had a special, and unique role to play in the public sphere which was based on what were understood to be women’s innate, caring,

¹⁰⁶ Henry Maudsley, ‘Sex in Mind and Education’, *Fortnightly Review* 21 (1874): 446-483; Elizabeth Garrett Anderson, ‘Sex in Mind and Education: A Reply’, *Fortnightly Review* 21 (1874): 582-594.

¹⁰⁷ Todd, op. cit. (n. 20), p. 262.

¹⁰⁸ Elston, op. cit. (n. 74), p. 132.

moral qualities.

Throughout the 1860s and 1870s, argues Mary Ann Elston, there was “no suggestion that women should compete on equal terms with men in medicine as a whole”. Instead, she goes on, “[w]omen argued, not for equal rights to compete with men in the public sphere, but for access to it in order to better pursue their feminine interests and talents”.¹⁰⁹ As Jex-Blake’s arguments for women’s entry to the medical profession explain,¹¹⁰ they had a special mission in society to guard women and children against ill-health, dirt and immorality. As women themselves, it was only women (and middle class women at that) who could do this work properly and successfully. This was not as restrictive an ideology as it sounds, but was constantly being re-interpreted and transformed in order for women to get what they wanted: as we have already seen, the notion of woman’s mission to women was the guiding philosophy behind much of lady philanthropists’ activities in this period.¹¹¹ This same notion of women’s moral mission was transformed in the late 1860s and 1870s to justify the need for female physicians.¹¹²

The debate *for* medical women was, almost without exception, all about the suitability of women doctors for women and children.¹¹³ Sophia Jex-Blake, for instance, always stressed the private and personal aspects of medicine, tapping into the widely felt concern that for a woman to be seen by a male doctor, especially for obstetrical and gynaecological problems, was an invasion of her privacy. It is the strength of public feeling with regard to this concern which can explain why women’s entry to the medical profession was supported by so many who had conservative and paternalistic views. Alexander Russel, for example, despite being one of the medical women’s

¹⁰⁹ Ibid., p. 130.

¹¹⁰ see above, footnote 72.

¹¹¹ See Summers, op. cit. (n. 32) and Jean L’Esperance, ‘Women’s Mission to Women: Explorations of the Double Standard and Female Solidarity in Nineteenth Century England’, *Social History (Histoire Sociale)* 12 (1979): 316-338.

¹¹² See for example, Jean L’Esperance, ‘Doctors and Women in Nineteenth Century Society: Sex and Role’, in John Woodward and David Richards (eds.), *Health Care and Popular Medicine in Nineteenth Century England*, (London: Croom Helm, 1977).

¹¹³ This may well have been a strategic, rather than a personal commitment. For example, Jex-Blake was prepared to treat men, and contemplated going to Sarajevo to help with the war casualties, but decided that doing so would damage the cause. See Todd, op. cit. (n. 20), pp. 432-433.

most consistent and committed supporters, was not in favour of women having the vote.¹¹⁴ The notion that women were traditional healers and carers in society, as well as the guardians of the physical and moral health of the family, was brought to the logical conclusion that women should be doctors to those whose lives were based in the family.¹¹⁵ These arguments were reinforced by recent controversies over man-midwifery; controversies which Jex-Blake was quick to hijack for use in her treatise on the need for female physicians.¹¹⁶

The campaign for the medical education of women was distinctive for its dual emphasis on women as being equal to men, as well as being different to men. It was also distinctive for its confrontational tactics and for its witty and out-spoken protagonist. Whilst Jex-Blake was dominating the political stage in Edinburgh, however, there was another feminist movement afoot in the city: that for the higher education of women. Drawing on arguments which emphasised the importance of education for women in their role as the educators of the nation's children - both as teachers and as mothers - those women who were involved with this particular campaign, however, took a very different approach to that pursued by the medical women.

5. The Campaign for the University Education of Women in Edinburgh, 1860-1898

Throughout the 1860s, up and down the country women had formed Associations which aimed at providing lectures and examinations for women similar in content and standard to those already available to men at the universities. With its large proportion of professional middle classes, and its reputation as a liberal and cultured city, Edinburgh not surprisingly became a centre for feminist activity in Scotland. In Edinburgh, classes for ladies were held as early as 1860, and were some of the first such classes in Britain to be

¹¹⁴ Blake, op. cit. (n. 1), p. 82

¹¹⁵ Even the *BMJ* agreed with this argument. See *BMJ*, 12th April, 1870, pp. 338-339.

¹¹⁶ See above, pp. 29-31.

made available to women. Indeed, it was the advanced state of higher education classes for women in the city which had been one of the reasons behind Jex-Blake's attempt to gain entry to Edinburgh University Medical School in the late 1860s.¹¹⁷ From 1867 demand for these lectures in the city necessitated that their organisation become more formal, and from this date they took place under the aegis of the newly established Edinburgh Ladies Educational Association (ELEA), which was optimistically re-named the Edinburgh Association for the University Education of Women (EAUEW) in 1879.¹¹⁸

The ELEA was run and attended "mainly [by] ... middle aged spinster ladies",¹¹⁹ who were keen to improve the existing standard of women's education. Their efforts were cautious and their demands moderate, initially comprising courses of lectures on subjects such as English Literature and Moral Philosophy, which were given by a small group of university professors who were sympathetic to the demand for further education for women. The most prominent of these was David Masson, professor of English Literature and Rhetoric at Edinburgh University. Masson was also supportive of the women's campaign for medical education, and his daughter, Agnes, enrolled as a medical student at the University in 1871.¹²⁰

The Association was a highly respectable body, which insisted on the highest possible standards in its lectures. Indeed, by the time Sophia Jex-Blake applied to the University Medical faculty in 1869, the Association had a total of six hundred women attending the lectures on English literature,

¹¹⁷ Jex-Blake had attended some of the earliest lectures at the Edinburgh Ladies Education Association in the early 1860s. Todd, op. cit. (n. 20), pp. 105-107.

¹¹⁸ Todd, op. cit. (n. 20), p. 106.

¹¹⁹ Louisa K. Haldane, *Friends and Kindred: Memoirs of Louisa Kathleen Haldane* (London: Faber and Faber, 1961), p. 110.

¹²⁰ The links between the medical women and the ELEA are clear. Although taking different approaches, the two groups pursued the same goals. Thus, in 1870, Jex-Blake was a member of the executive committee of the ELEA, whilst Edith Pechey and Agnes McLaren, two prospective medical students, were ordinary members in 1871. ELEA Annual Report 1870. Hamilton has detailed the involvement of Jex-Blake with the ELEA, and highlighted the disagreements between them. Sheila Hamilton, *Women and the Scottish Universities, c.1869-1939*, (unpublished PhD thesis, Edinburgh University, 1987), pp. 70-75; ELEA Annual Report April 1871 and December 1871.

experimental physics, and logic and metaphysics in this year.¹²¹ The rigorous academic standards of the Association, and the fact that all classes were given by university lecturers in gowns, made it comparatively easy for the university authorities, in 1872, to agree to offer a special certificate to women who had met a certain standard in literature, philosophy and science.¹²² In 1874, the first three ladies, Flora Masson, Margaret Mitchell and Charlotte Carmichael received their certificates.¹²³

This special certificate for women fell far short of the aspirations of many feminists - such as the medical women - by setting up a separate standard of education which could only be regarded as inferior and, in the eyes of many, practically worthless. Indeed, as we have seen, the medical women spurned offers of special qualifications and, initially, separate educational institutions, or a special section on the Medical Register. In contrast to this, however, rather than demanding equality of standards in education from the very outset of their campaign, the ELEA followed the dictum that the best means of making progress in a man's world was to "take all you can get and then ask for more".¹²⁴ As Sheila Hamilton has observed, the confrontational approach of Sophia Jex-Blake caused many to lose sympathy with the notion that women should be allowed entry to the university on the same terms as men. The ELEA instead adopted a cautious, compromising approach to achieving its objectives.¹²⁵

The Association maintained a low profile throughout the campaign for the medical education of women. Its members were not militant; they did not demand the same education and qualifications as men; they did not engage with men in public debates, scuffles and lawsuits; and they claimed to have no desire to qualify themselves for future careers by means of obtaining university degrees. Their aim, rather, was self improvement: "not ... to train for the professions", but to give women "the advantage of a system already

¹²¹ Blake, op. cit. (n. 1), p. 97.

¹²² Hamilton, op. cit. (n. 120), p. 76.

¹²³ Carol Dyhouse, *No Distinction of Sex?: Women in British Universities, 1870-1939*, (London, UCL Press, 1995), p. 15.

¹²⁴ Todd, op. cit. (n. 20), p. 219.

¹²⁵ Hamilton, op. cit. (n. 120), especially chapters 1 and 2; E. Boog-Watson, *The Edinburgh Association for The University Education of Women, 1897-1967*, (privately printed, n.d.).

acknowledged to be well suited for the mental training of the other sex".¹²⁶ It was the traditional liberal notion that education would improve the individual, whether male or female, to which the women of the ELEA appealed. As mothers and wives, a higher standard of education amongst women could only lead to the improvement of future generations, they suggested.¹²⁷ Although when compared to the medical women the ladies of the ELEA and their limited aspirations seem somewhat insipid, they were, in fact, concealing a deeper pragmatism: as Delamont and Duffin have suggested, it was important for nineteenth century feminist women to articulate their ideas in a "form acceptable to ... dominant male opinion" if they were to be successful."¹²⁸

Maintaining this cautious approach throughout the 1880s and early 1890s, the ELEA (from 1878 under its new name of the EAUEW) continued to petition for full access to university degrees. The patronage of a number of university professors was important in maintaining the high standard of the lectures, and this meant, in turn, that when the university finally opened its degree examinations to women, those who had attended a sufficient number of classes of the ELEA and EAUEW were able to graduate almost straight away. In academic terms, by this date, the transition from the Association's special certificate to the University's MA was a small step.¹²⁹ At Edinburgh University the "first eight ladies" who graduated in arts in 1893 had all been members of the Association.¹³⁰

Despite the distinctions between the campaigns for the medical education of women and for the higher education of women, the networks of support which existed between those who were involved in feminist causes

¹²⁶ ELEA Annual Report 1868.

¹²⁷ In addition to this, the ELEA argued that the fact that the majority of teachers in this period were women meant that it was in the nation's interests to provide women teachers with access to a better education. It was with this in mind that the ELEA founded its own college, St. George's, for the education and training of women teachers in 1885.

Hamilton, op. cit. (n. 120), pp. 108-109.

¹²⁸ Delamont and Duffin, op. cit. (n. 15), p. 16. They also had to appeal to dominant female opinion and to middle-class norms in general.

¹²⁹ Dyhouse, op. cit. (n. 123), p. 16.

¹³⁰ Hamilton, op. cit. (n. 120), p. 163; see also W.N. Boog Watson, 'The First Eight Ladies', *University of Edinburgh Journal* 23 (1967-68); Elspeth Boog Watson, *The Edinburgh Association for the University Education of Women, 1968-1967*, (privately printed, n.d.).

in Edinburgh were strong. For instance, Jex-Blake's return to Edinburgh in 1878, only five years after she had caused such a stir in the city, was regarded by some as a mistake.¹³¹ In her biography of Jex-Blake, however, Margaret Todd explains that she decided to settle and set up practise in Edinburgh because of "the great many friends who had stood by her so gallantly" during the campaign for medical education.¹³² As Jex-Blake acknowledged, the network of women who were involved in various aspects of the feminist movement in Edinburgh in this period had provided crucial political and moral support for the prolonged campaign for medical education during the early 1870s.¹³³ They were also to prove invaluable in the foundation and successful running of the first women-run hospital to be established in Britain outside of London: The Edinburgh Hospital and Dispensary for Women and Children.

6. The Edinburgh Hospital and Dispensary for Women and Children, 1878-1899

In September of 1878, less than twelve months after her arrival in the city, Jex-Blake established the Edinburgh Provident Dispensary for Women and Children at 73 Grove Street. Seven years later, in 1885, the tiny dispensary moved to larger premises at 6 Grove Street and was expanded to become a cottage hospital containing six beds. Although she was the *de facto* founder of the Dispensary (and in 1885 of the Hospital), Jex-Blake could not have succeeded in this venture without the help of a group of enthusiastic, like minded women. A number of those who had supported her in the early 1870s, and who had been involved in the campaign for the higher education of women, backed the establishment of the Dispensary and Hospital and went on to make up its Executive and House Committees. Over the years, their close involvement with the day to day running of the Hospital

¹³¹ Todd, op. cit. (n. 20), p. 457.

¹³² Ibid.

¹³³ Ibid., pp. 457-458.

and Dispensary meant that they were crucial in ensuring its success and in giving it its unique character. These tiny institutions were significant, therefore, not only for the medical women, but also for the wider concerns of the movement for women's rights, and for women's opportunities in hospital administration and medical philanthropy in Edinburgh in more general terms.

The Edinburgh Hospital and Dispensary for Women and Children "grew directly out of the struggle for the medical education of women in Edinburgh". Although the medical women had failed to gain entry to the University in the early 1870s, they were not without a wide number of supporters - in general throughout the country, but especially within the city of Edinburgh itself. During the medical women's campaign, Sophia Jex-Blake had become something of a celebrity in Edinburgh, and her cause had received much local support.¹³⁴ Throughout their struggle with the University Medical Faculty, the medical women were frequently urged onwards with promises of bequests and donations towards the foundation of a hospital staffed by women.¹³⁵ The Edinburgh Dispensary for Women and Children was founded using the lump sum of £100 which had been surplus to requirements when Jex-Blake had had court expenses to pay in 1872.¹³⁶

Increased competition within the medical profession from the middle of the nineteenth-century had led to the foundation of small 'special' hospitals by doctors themselves becoming increasingly common. Special hospitals were distinct from the general hospitals (such as the Royal Infirmary), which were founded by philanthropists, such as local

¹³⁴ Ibid., p. 300. Jex-Blake's cause was also upheld by members of the Town Council, and by some of the most prominent men in the city, such as the Lord Provost of Edinburgh, William Law; the editor of *The Scotsman*, Alexander Russel; Professors Masson and Calderwood of the University; and Duncan McLaren MP. All of these men joined the Committee for Securing the Complete Medical Education of Women in Edinburgh, founded on 26th January, 1871. Jex-Blake, op. cit. (n. 88), p. 101; Blake, op. cit. (n. 1), p. 132 and pp. 140-141.

¹³⁵ Blake, op. cit. (n. 1), p. 132, pp. 140-141 and pp. 195-199.

¹³⁶ The removal to 6 Grove Street and the establishment of the Hospital there was financed by "trust funds that were in her [S.J-B's] hands for such a purpose". Expenses which were not covered by the trust fund were met by Jex-Blake herself. Executive Committee Minutes vol. 2, 25th Feb. 1884, p. 9.

businessmen, rather than by doctors.¹³⁷ Discussing the foundation of the Edinburgh Hospital for Women and Children, Jex-Blake explained the distinction between two. “Broadly speaking”, she wrote

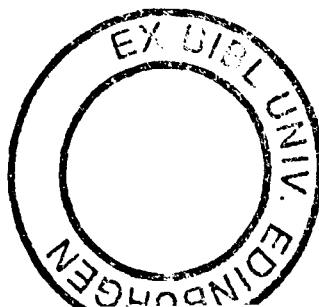
hospitals are founded in one of two ways. 1. A number of lay people raise funds [and] bear the burden [and] heat of the day to found a hospital for some special object or local need, [and] when all is ready, they decide on the medical practitioners whose services they desire and ask them to join them, either with or without a salary, and in such case it is not unnatural that when vacancies occur in the medical staff, they should be filled up in the same way. 2. In the second case, the initiative comes from the medical side, and one or more doctors exert themselves to raise the needful money and to secure the required facilities; and then when all is ready, they ask some non-medical friends to join them, to conduct the non-medical part of the work, and to guarantee to the public that all money matters pass through their hands, and that the medical founders have no financial interest in the matter. In such case - and that is the case in this hospital - the medical element hands over all money control to the general executive, and reserves only the right for all time coming to chose their own medical colleagues, subject to the assent of the whole committee.¹³⁸

Special hospitals tended to focus on one particular ailment, such as diseases of the eye, or parturient women, or on a particular section of the population, such as women or children. As Checkland has observed, most often “specialist hospitals were founded by doctors who did not rate highly their chances of breaking into the exclusive cadre of general hospital consultants” and found the establishment of their own institutions the best way of making a name for themselves in the profession.¹³⁹ This was certainly the case with the first generations of women doctors. Although women now had a route onto the medical register, this did not mean that it was either easy or straightforward for them to gain this distinction.

¹³⁷ Checkland, *op. cit.* (n. 28), p. 153. For a discussion of the foundation and development of the Royal Infirmary of Edinburgh, the city’s most prestigious voluntary (general) hospital, see above, footnote 48.

¹³⁸ Letter from Sophia Jex-Blake to Lady Chalmers, April 15th 1900.

¹³⁹ Checkland, *op. cit.* (n. 28), p. 183.



Furthermore., the universities of Britain did not readily open their medical degrees to women. Although the University of London had opened its doors to women in 1878,¹⁴⁰ the rest of the country's universities did not follow suit immediately. It was not until 1895, for instance, that Edinburgh University agreed to admit women to its medical degrees, and even then they were not able to attend classes with the male students until 1916.¹⁴¹ Even once they had gained their medical degrees, the opportunities for women doctors to gain clinical experience in hospitals remained restricted, as they were denied employment in the voluntary hospitals, both as residents and as physicians and surgeons. Women doctors were thus left with no choice but to found their own special institutions.¹⁴²

There is little documentary evidence from the early years of the Edinburgh Dispensary for Women and Children. Annual Reports are extant only from 1900, the year after the Hospital had re-located to Bruntsfield Lodge, whilst various minute books and patients' records survive only from 1884, one year before the founding of the Hospital. However, we do know that from its modest beginnings as a small dispensary in a poor district in the west of Edinburgh, the Edinburgh Hospital and Dispensary for Women and Children was run on the provident system. Bequests, donations and subscriptions were the usual means through which hospitals were financed in this period. However, from the later part of the century there was a growing concern that health-care charities were being abused, with people seeking entry to the voluntary hospitals who could afford to pay for private medical treatment.¹⁴³ Furthermore, as we have seen above, there was also a growing feeling amongst philanthropists that the poor should make the effort to help

¹⁴⁰ In 1879 the London School of Medicine was recognised for the purposes of the medical degrees at this university. Blake, op. cit. (n. 1), p. 210.

¹⁴¹ Glasgow, Aberdeen and St. Andrews universities admitted women in the early 1880s, whilst the Royal Colleges of Surgeons and of Physicians in Edinburgh both admitted women to their licentiate in 1885. Blake, op. cit. (n. 1), appendix I, p. 211.

¹⁴² For a discussion of the importance of special hospitals in the late nineteenth-century professionalisation of medicine see Noel Parry and Jose Parry, *The Rise of the Medical Profession*, (London: Croom Helm, 1976), especially pp. 136-154.

¹⁴³ See, for example, Anon., 'Mischievous Philanthropy', *Chambers's Journal* 35 (1870): 450-451; Anon., 'The Free Hospital System', *Chambers's Journal*, 44 (1879): 481-483; H.C. Burdett, 'Hospital Reform', *Fraser's Magazine* 23 (1881): 501-514; Emily Glodie Ellis, 'The Fetish of Charity', *Westminster Review* 85 (1891): 373-384.

themselves, rather than simply relying on charity when they became ill. As a form of health insurance, the provident system was in keeping with the notion of self-help which characterised the philosophy of Octavia Hill and the Charity Organisation Society, a woman with whom Jex-Blake had once lived, and whose work she admired.¹⁴⁴

As the Annual Report for 1900 put it, the provident system of running the Hospital meant that “[t]he Hospital and Dispensary meet the needs of those whose independent spirit leads them to desire to contribute towards the expenses of their treatment”.¹⁴⁵ “Those who desire to participate in the benefits of the Dispensary”, explained the Edinburgh Charities Registration Union in 1888, “become members by fixed periodical payments during health, as well as sickness”.¹⁴⁶ Payment was 2s 6d per quarter, although if a patient joined in the second month of the quarter payment was 2s. and if in the third month of the quarter, then only 1s. Medicines cost 4d.¹⁴⁷ However, this did not mean that those who were unable to pay for medical treatment could not attend the Dispensary. Rather, “[t]he [Executive] Committee authorise the medical officers to grant free tickets for the benefits of the Dispensary to destitute persons, whose need of them is proved to their satisfaction”. If a patient was too ill to get in to the Dispensary, they were able to “obtain visits at home by purchasing tickets at the Dispensary, each of which shall entitle them to one visit”. Such tickets were “supplied at 1 shilling each”.¹⁴⁸

In 1884 another Dispensary was opened at Surgeon’s Square, but lack of interest meant that it was closed at the end of its six month lease. “The majority of patients preferred the original Dispensary”, noted the Executive Committee minutes, and “those residing in this part of town can have recourse to the Canongate Christian Institute where Dr. Agnes McLaren is one of the medical officers”.¹⁴⁹ In the same year, the minutes noted that it

¹⁴⁴ Todd, op. cit. (n. 20), pp. 83-94.

¹⁴⁵ Edinburgh Hospital for Women and Children (EHWC) Annual Report 1900-1901, p. 3.

¹⁴⁶ *Edinburgh Charities Registration Union First Annual Report and Handbook of Edinburgh Charities and Benevolent Institutions, 1888*, pp. 17-18.

¹⁴⁷ Executive Committee Minutes, vol. 2, 8th July 1896, p. 288.

¹⁴⁸ Ibid., 12th Jan. 1884, p. 4.

¹⁴⁹ Ibid., 5th Nov. 1884, p. 39.

was becoming increasingly difficult for patients at the Dispensary to obtain admission to the wards of the Royal Infirmary, especially since the resignation from the Infirmary staff of Drs. Balfour and Heron Watson. These doctors had agreed to act as the consultants for the Dispensary, and had been able to gain access to the Infirmary for those patients who needed hospital care. For this reason, it was decided that a cottage hospital had to be established for the treatment of Dispensary patients by the medical women themselves.¹⁵⁰

In September 1885, the Dispensary moved to larger premises at 6 Grove Street and a hospital containing six beds was duly opened.¹⁵¹ Admission to the Hospital was usually secured through referral from the Dispensary. Residential treatment was priced at 5 shillings per week for provident patients and 10 shillings for “others”. However, “this sum, or any part of it, may be remitted in cases of poverty”. No one was admitted free to the Hospital, but rather a “small reserve fund ... [was] formed from which such patients could obtain the necessary help”.¹⁵² Those who could not afford to pay in full were encouraged to pay anything, no matter how small, towards the cost of their treatment.¹⁵³ By 1900, when the Hospital moved from Grove Street to more spacious premises at Bruntsfield Lodge, private wards were also made available at a cost of £1.1s.¹⁵⁴ The Edinburgh Hospital and Dispensary for Women and Children was run on this fee-paying system from its establishment in 1878 through to the establishment of the National Health Service in 1948.

In the same year that the Edinburgh Hospital was founded, the Royal Colleges in Edinburgh had opened their licentiates to women. Jex-Blake was determined that women in Scotland should be able to receive their medical education in Scotland, and not have to go to the LSMW if they wished to study medicine. In 1886, therefore, she founded the Edinburgh School of Medicine for Women. Based at Surgeons Square, the School was able to

¹⁵⁰ Ibid., 5th Nov. 1884, p. 39.

¹⁵¹ Ibid., 5th Nov. 1884, p. 41; *ibid.*, 23rd Sept. 1885, p. 61.

¹⁵² Ibid., 15th Sept. 1887, p. 109.

¹⁵³ *Edinburgh Charities Registration Union First Annual Report*, *op. cit.* (n. 146), pp. 17-18.

¹⁵⁴ EHWC Annual Report 1900-1901, p. 20.

offer women a number of courses necessary for a degree in medicine. Clinical instruction was made available to the women students at Leith Hospital, (“the only [hospital] in Scotland to open its doors to women”¹⁵⁵) transferring to the Royal Infirmary in 1894. Separate classes for women students were also made available at the extra-mural medical school from 1889, and from 1894 at the University.¹⁵⁶

7. Elsie Inglis, the Medical Women’s Club, and the George Square Nursing Home for Women (the Hospice)

In 1887 a controversy had arisen between Sophia Jex-Blake and a number of female medical students who were receiving their education at Jex-Blake’s Medical School for Women. The point of issue was essentially trivial, although it led directly to the foundation of a separate Medical College for Women in 1888 under the guidance of Elsie Inglis.¹⁵⁷ Ultimately, this disagreement was also to led to the foundation of a second hospital run by women for women, the George Square Nursing Home for Women (from 1904 the Hospice and from 1924 the Elsie Inglis Memorial Maternity Hospital).

The controversy was as follows: having established her school of medicine for women, after a great deal of negotiating Jex-Blake had also secured clinical instruction for her women students at Leith Hospital. It had been agreed that the women students would be out of the Hospital wards by 5 o’clock. Having struggled so hard to enter the medical profession, Jex-Blake was aware that attitudes towards the medical women were still less than cordial within the medical profession in Edinburgh (as well as in the country at large) and that the presence of the women on the wards of Leith

¹⁵⁵ Leith Hospital Annual Report 1887, p. 11.

¹⁵⁶ Blake, op. cit. (n. 1), p. 211 and p. 219; Todd, op. cit. (n. 20), p. 509; *Medical Directory*, 1888, p. 1221; *Medical Directory*, 1894, p. 1411; *Medical Directory*, 1889, p. 1255; *Medical Directory*, 1895, p. 1411.

¹⁵⁷ Emily Janes (ed.), *The Englishwoman’s Year Book and Directory*, 1900, (London: Adam and Charles Black, 1900), p. 107.

Hospital was dependent on the good will of the Hospital managers and doctors. She stressed to her students that the agreement to be out of the Hospital by 5 o'clock sharp *must* be adhered to. One day a group of women medical students were found by the Matron to be still in the wards after the appointed time, and had to be told to leave. One of the women medical students had retorted that they were there with the permission of the ward doctor, and would leave when they had finished doing what they were doing. The Matron had complained at this rebuttal, and Jex-Blake had insisted that the medical women involved send a written apology. She had suspended them from the Medical School for Women until this had been done. The letter of apology had been sent off, but the apology itself had subsequently been retracted, those involved deciding that they had, in fact, done nothing wrong and resenting what they regarded as Jex-Blake's bullying. Jex-Blake had responded by dismissing the students involved from the Medical School for Women altogether. Court proceedings had occurred over the legality of this expulsion, with Elsie Inglis championing the expelled medical students against what she regarded to be the high-handed, uncompromising and dictatorial behaviour of Jex-Blake. Jex-Blake never forgave Inglis for her part in the disagreement, especially as Inglis then established the Medical College for Women, which straight away gained access to the wards of the Infirmary for surgical and clinical instruction.¹⁵⁸

Unfortunately, Jex-Blake's school was unable to withstand the competition from the extra mural classes, the University classes and the Medical College for Women founded by Inglis. The School of Medicine for Women was compelled to close in 1898, two years after the first women graduated in medicine from Edinburgh University. These women were Alexandra Mary Campbell Geddes (later Mrs. Chalmers Watson), who had attended the Medical College for Women, and Jessie MacLaren MacGregor, who had attended the School of Medicine for Women. As we shall see in subsequent chapters of this thesis, both of these women were to remain involved with the Edinburgh Hospital for Women and Children for most of

¹⁵⁸ It was due to the appointment of Elsie Inglis as gynaecological surgeon at the Edinburgh Hospital in 1904 that Jex-Blake resigned from her position as consultant. Executive Committee Minutes vol. 2, 6th July 1905, p. 233.

their professional lives.

As the Edinburgh Hospital prepared to move to new premises in 1899, the Committee was approached by the Edinburgh Medical Women's Club, which had been founded by Elsie Inglis and a number of the women medical students, with a proposal for assisting in the foundation and administration of the new Hospital. The Club suggested that they and the Edinburgh Hospital should co-operate, as they both had the same interests at heart - the fortunes and success of Edinburgh's women doctors. Their suggestion was as follows:

The members of the Medical Women's Club are anxious to help in building the new hospital, by endeavouring to raise ... the additional sum necessary for the establishment of a better equipped Women's Hospital in Edinburgh. This they will do on condition that the club have a right to select representatives who shall form one half of ... all committees formed for the establishment of the new Hospital and of its constitution and management.¹⁵⁹

The Executive Committee of the Edinburgh Hospital rejected the idea, declaring that "they feel quite unable to entertain the proposal that one half of the Exec[utive] Com[mittee] sh[oul]d be elected by an outside body which had, up until this present time, rendered no aid to the institution during the 21 years that have elapsed since the dispensary was founded".¹⁶⁰ Despite this rebuttal, the Club continued to attempt to persuade the Edinburgh Hospital Executive to agree to their demands, declaring that "[t]he Club has the fullest intention of establishing a Women's Hospital in Edinburgh, and feels that it would be much better both for your interests and theirs, to form one strong Hospital that to divide forces".¹⁶¹ A number of the medical women who were, or had been, involved with the Edinburgh Hospital, such as Mrs. Chalmers Watson, Jessie MacGregor and Beatrice Russell, were also members of the Club, whose aims were simply to further the careers of

¹⁵⁹ Letter from the Medical Women's Club of Edinburgh to the Secretary of the Edinburgh Hospital for Women and Children, 29th Jan. 1889.

¹⁶⁰ Letter from Mrs. Wilson to Elsie Inglis, 14th Feb. 1899.

¹⁶¹ Letter from Elsie Inglis to Mrs. Wilson, 24th March 1899.

women doctors and medical students in the city.¹⁶² Despite this pressure, from the Club and as well as from its own doctors, the Edinburgh Hospital stood firm. The result was the establishment of the George Square Nursing Home for Women, which was founded in 1899. “[I]n helping to start this Nursing Home the Club in no way desired to start a rival institution to the Edinburgh Hospital for Women and Children”, the Club insisted, “and though they [the Club] have no right to speak for the Committee of the Nursing Home, it appears to them quite possible that eventually the two schemes might be merged into one”.¹⁶³ In 1904 the George Square Nursing Home for Women moved to 219 the High Street, and was re-named The Hospice. In 1909 the Houldsworth bequest left £3,000 for the furtherance of the medical women’s work in obstetrics and gynaecology in Edinburgh. It seemed to make sense, therefore, for the two institutions to amalgamate.¹⁶⁴ This they did in 1910, with the Edinburgh Hospital specialising in gynaecological cases, and obstetrical cases being dealt with at the Hospice.¹⁶⁵

It should be noted that although the controversy which occurred between Sophia Jex-Blake and Elsie Inglis in 1888 resulted in the establishment of rival medical schools for women, as well as the establishment of a second Hospital run by and for women, there were not, in fact, separate factions of medical women in Edinburgh. As noted above, the Medical Women’s Club had amongst its members women who were involved with Jex-Blake’s Hospital.¹⁶⁶ As Jessie MacGregor, who had been “one of the J-B lot”, remarked to Elsie Inglis on proposing that they work together in practice in 1894, the issue between Jex-Blake and Elsie Inglis,

¹⁶² Letter from Elsie Inglis to the Secretary of the Edinburgh Hospital for Women and Children, 29th Jan. 1899.

¹⁶³ Letter from Elsie Inglis to Mrs. Wilson, 7th July 1899.

¹⁶⁴ EHWC and The Hospice Annual Report 1910

¹⁶⁵ The work of the Hospice is discussed in chapter 5 below.

¹⁶⁶ In 1899 the member of the Medical Women’s Club were as follows: Dr. Grace Cadell, Mrs Russell (widow of the former editor of the Scotsman, former medical woman, friend of Sophia Jex Blake and member of the Edinburgh Hospital’s Executive Committee), Dr. Jessie MacGregor, Dr. Elsie Inglis, Dr. Marian Erskine, Mrs. Aitchson Robertson, Dr. Lilius Thomson, Mrs. Chalmers Watson, Dr. Beatrice MacGregor, Dr. Biro, Dr. A.M. Watson and Dr. Marshall. Notes of the Medical Committee of the George Square Nursing Home for Women, the Edinburgh Hospital for Women and Children and The Hospice, 1899-1918, last page (no pagination).

although leading to “awful rows” at the time, “was not a personal question”, and did not interfere with subsequent relations between medical women.¹⁶⁷ Although the Edinburgh Hospital and The George Square Nursing Home for Women (The Hospice) were run separately until 1910, the medical women used both institutions. The latter was for the use of *all* medical women in Edinburgh, whilst the former employed women who had studied at either medical school, or who had previously worked at the Hospice.¹⁶⁸

8. Opportunities for Women Resident Medical Officers in Edinburgh, 1886-1899

Although medical education for women was available in Scotland from 1886, and the profession was gradually becoming more tolerant of women doctors, opportunities for women to gain clinical experience after graduation remained a problem. In 1891 Leith Hospital appointed a woman, Dr. Alice McLaren, to the post of House Physician, but this did not signal the opening up of such posts for women in general.¹⁶⁹ The Edinburgh Hospital for Women and Children was the only hospital in Edinburgh to consistently provide women doctors with residencies. Residents applied in writing to Jex-Blake after they had gained their degrees (and occasionally before), and their appointment was approved by her and by one of the consulting staff.¹⁷⁰ Drs. Patrick Heron Watson and George Balfour, who

¹⁶⁷ Frances Balfour, *Dr. Elsie Inglis*, (London and New York: Hodder and Stoughton, 1918), p. 79. The only person who took it personally was Jex-Blake, who retired in the same year that Elsie Inglis graduated. See note 158 above.

¹⁶⁸ Mrs. Chalmers Watson, for example, had studied at the Edinburgh College of Medicine, yet was associated with the Edinburgh Hospital from 1905, when she was appointed as physician, until her death in 1936. EHWC Annual Reports 1905-1936. Elsie Inglis, who became gynaecological physician to the Edinburgh Hospital in 1904, was also the founder of the Hospice; and Alice Hutchison was attending medical officer at the Hospice in 1905, and held the same position at the Edinburgh Hospital from 1907 to 1909. Hospice Annual Reports and EHWC Annual Reports 1904-5 and 1907-1909. Also, the Medical Committee Minutes, which are available from 1899, contain minutes from both the Hospice and the Edinburgh Hospital, see Medical Committee Minutes, Edinburgh Hospital for Women and Children and the Hospice 1899-1911.

¹⁶⁹ Leith Hospital Annual Report 1891, p. 16.

¹⁷⁰ The first resident to be appointed had not yet received her degree from Berne, and had to be granted leave of absence to sit her exams. Executive Committee Minutes vol. 2, 5th August 1886, p. 79. This was also the case with Margaret Pearce, who was appointed as

had supported the medical women and taught them at the Infirmary fifteen years previously, had been consultants to the Dispensary and were the first consultants of the Hospital. They were joined in this task by Dr. Peel Ritchie in 1886.¹⁷¹ The Resident's term of office was twelve months. Throughout this period they were answerable to the Attending Medical Officer, or to the Junior Attending Medical Officer. This latter position was created in 1893, when Jex-Blake finally admitted that the task of running the medical side of the Hospital was too much for her to manage alone.¹⁷² From its foundation in 1885 to her retirement in 1899 Sophia Jex-Blake remained the sole Attending Medical Officer at the Hospital. She was succeeded as Attending Medical Officer in the new Hospital in Bruntsfield by Isabel Venters and Alice Umpherston. From 1893 through to the removal to Bruntsfield Lodge there were five Assistant or Junior Attending Medical Officers: Jessie MacGregor, Edith Collett, Margaret Todd, Isabel Venters and Alice Umpherston.¹⁷³ Three of these women, MacGregor, Collett and Venters, had also held the post of Resident Medical Officer. From 1886, the Dispensary and Hospital were also able to offer experience to pupils in pharmacy.¹⁷⁴

Over the period 1885 to 1899, fourteen medical women received clinical experience as the Resident Medical Officer of the Edinburgh Hospital. Out of this fourteen, seven remained in Edinburgh after their term of office, Catherine Urquhart, Jessie MacGregor, Edith Collett, Elizabeth Marianne Erskine, Isabel Venters, Beatrice McGregor and Mary McDougal. Two went to India, Mary Crawley and Annie Jagannadhan. Elizabeth Gilchrist went into private practice in Greenock, and Clarinda Boddy, Elizabeth Henderson and Esther Colebrook returned to practice in

Resident whilst a fourth year student. Executive Committee Minutes, vol. 2, 11th Sept. 1888, p. 138.

¹⁷¹ Ibid., 3rd March 1886, p. 72.

¹⁷² Ibid., 8th Nov. 1893, p. 233.

¹⁷³ Out of these five women, Alice Umpherston went to India in 1899, Margaret Todd went to Sussex with Jex-Blake in 1899, Edith Collett, Isabel Venters and Jessie MacGregor remained involved with the Hospital. Executive Committee Minutes, vol. 2.

¹⁷⁴ Executive Committee Minutes vol. 2, 15th July 1886, p. 83.

London.¹⁷⁵ By 1900 there were nineteen women doctors practising in Edinburgh. Seven of that nineteen had held Resident Medical Officer posts at the Edinburgh Hospital for Women and Children between 1885 and 1899; two were the current Attending Medical Officers there, Isabel Venters and Jessie MacGregor; two others were consultants at the Hospital, Isabella Mears and Mrs. Chalmers Watson (Mona Geddes); two more, Elsie Inglis and Beatrice Russell, were founder members of the George Square Nursing Home for Women (The Hospice) in 1899; and one other, Agnes McLaren, was one of the original medical women from Jex-Blake's campaign in the early 1870s.¹⁷⁶

Although the Hospital provided crucial clinical experience for a number of medical women in their capacity as resident medical officers, the actual administration of the hospital was carried out with the help of an Executive Committee of between twelve and fifteen women (with assistance from a small number of sympathetic husbands and male doctors). Most of them had been involved in the campaign for medical education of women; as medical women, friends, feminists, or as wives or daughters of sympathetic male doctors. They were keen to find a place for themselves in the continuation of the struggle for women to achieve recognition and acceptance in the public sphere in general, as much as in the medical profession. Although those who were involved in the running of the Edinburgh Hospital and Dispensary for Women and Children were less prominent figures than the somewhat larger than life character of Dr. Jex-Blake, they were, none the less, vital in ensuring the success of these small institutions.

¹⁷⁵ See Executive Committee Minutes vol. 2; *Medical Directory for 1900*, and *Medical Register for 1900*. Only one of the Residents, Margaret Pearce (who was still a student at the time of her appointment), is present in neither the Medical Register or the Medical Directory.

¹⁷⁶ *Medical Directory, 1900*. The history of the George Square Nursing Home for Women (the Hospice) and its relationship to the Edinburgh Hospital will be discussed in chapter 5 below. Jessie MacGregor and Mrs. Chalmers Watson were also involved with the foundation of this institution. See Letter from Elsie Inglis to Mrs. Wilson, Hon. Secretary to the Edinburgh Hospital for Women and Children, 29th January, 1899. For lists of women doctors in Scotland and Edinburgh see also Emily Janes, (ed.), *The Englishwoman's Yearbook and Directory, 1900*, op. cit. (n. 157), pp. 112-113.

9. A New Role for Women in Medical Philanthropy: The Hospital Executive Committee

We have seen that women's voluntary role in hospitals in this period was generally limited to the advice-giving activities of a ladies Committee. Women were excluded from the executive of the general hospitals until the early twentieth-century. The only way for them to gain experience of hospital administration, therefore, was for them to establish and run their own institutions. The most important task which confronted the executive of any hospital involved raising funds and managing how these funds were spent. As Sophia Jex-Blake herself remarked, it was the job of the Executive Committee to "guarantee to the public that all money matters pass through their hands, and that the medical founders have no financial interest in the matter ... all money control [is in the hands of] the general executive."¹⁷⁷ For the middle class Victorian ladies who made up the Executive Committee of the Edinburgh Hospital and Dispensary for Women and Children, such control over financial arrangements was a new and exciting task.

The Executive Committee met every quarter to discuss the management of the Hospital and Dispensary. A secretary and treasurer were appointed annually, with different ladies taking turns. They also formed themselves into a House Committee to oversee the running of the Hospital ward itself; and a Building Committee to co-ordinate and collect funds for the extension of the Hospital in 1884 (when it moved to new premises at number 6 Grove Street), and again in the late 1890s, in preparation for the expansion and move to Bruntsfield Lodge on Jex-Blake's retirement in 1899.¹⁷⁸ They held a vast bazaar in 1889, raising £214 towards paying off the mortgage on the Hospital building.¹⁷⁹ They went out to represent their institution on

¹⁷⁷ Letter from Sophia Jex-Blake to Lady Chalmers (Secretary of the Executive Committee), April 15th 1901.

¹⁷⁸ Edinburgh Hospital for Women and Children Building Committee Minutes, February 1896 - February 1899.

¹⁷⁹ Executive Committee Minutes vol. 2, 10th May 1889, p. 137; *Englishwoman's Review* (1889): 273.

boards and committees within the city;¹⁸⁰ and solicited funds from the public - in person, and through advertising in the press, as it was essential to build up a loyal group of subscribers whose contributions could be counted on, house to house collections proving to be less than fruitful.¹⁸¹

From 1885 to 1890 the Hospital and Dispensary were run on a modest budget, between them grossing an annual income and expenditure of between £85 and £110. This was mainly obtained through subscriptions, donations and payments by Provident patients.¹⁸² By 1899, however, the venture was proving to be a great success. By this date the Committee ladies were dealing with an income of £1057, and were also proficient in such unladylike activities as negotiating with the Burgh Engineer over the cost of new drains and "soil pipe" and the replacement of old fashioned toilets; entering into legal wrangles over the rights of the Hospital to legacies and bequests; hiring and firing staff; balancing the books and paying wages, rates, taxes, bills, bank charges and insurance costs; and investing in stocks and shares.¹⁸³

The women on the committee were clearly keen to demonstrate their administrative abilities on the same terms as men in equivalent positions. Unlike the voluntary hospitals in the city they did not employ a bible woman, nor did they seek to save the patients' souls with some traditional "visiting". It was clear that the success or failure of the Edinburgh Hospital depended as much on the management skills of the ladies of the Committee as it did on the Attending Medical Officer and the various Residents who passed through.

¹⁸⁰ For example, members of the General Committee of the Edinburgh Charities Registration Union included Sophia Jex Blake and Isabella Spring Brown from the Edinburgh Hospital for Women and Children, *Edinburgh Charities Union*, op. cit. (n. 146). The Hospital also sent one of their Committee to represent them on the executive council of the Edinburgh Branch of the Union of Woman Workers. See Executive Committee Minutes vol. 2, 13th Nov. 1897, p. 290 and p. 311.

¹⁸¹ In 1888, for instance, the ladies had tried a house to house "visitation", collecting in aid of their Hospital "in good streets in various parts of the town, with the disheartening result that 14/- 6d was handed over to the treasurer after 20 hours work and about 100 visits!" Executive Committee Minutes vol. 2, 11th June 1888, p. 112.

¹⁸² Abstract of Accounts 1883-1884, Executive Committee Minutes vol. 2, p.29 and p. 37. There are no accounts which deal with the first five years of the Dispensary's existence.

¹⁸³ Executive Committee Minutes vol. 2, pp. 171-173; pp. 182-183; pp. 316-321; p. 234 and p. 262; EHWC Annual Report 1900-1901, p. 3-4.

As members of the Hospital's Executive, these women were an active part of the movement for the involvement of women more widely into public life. Furthermore, their involvement with the medical women was just one aspect of their dedication to the extension of women's rights. It is through the members of the Executive Committee that the medical women's links to the wider interests of the women's movement are revealed.

To support this claim, it is important to locate evidence which will give some insight into the lives of those women involved with the Hospital and Dispensary for Women and Children between 1878 and 1899. Information on the activities of local women is difficult to find.¹⁸⁴ Their public and private roles, perhaps because they were not carried out in any official capacity, are poorly documented, if at all, and it is only the more wealthy, confident or radical women whose lives received attention, whose papers were kept, and whose opinions were recorded in the local or national press. Often a woman's effort and commitment to a cause during her lifetime is acknowledged by only a name on a subscriptions list, or summed up in little more than an obituary. However, for every Sophia Jex-Blake, Josephine Butler or Octavia Hill there were hundreds of women, active and involved, who remain without a voice. Any evidence of the political activities of the "ladies of the committee" will provide further insight into the nature and extent of those networks of support which women established in their campaigns for women's rights. It will also allow us to ascertain how they perceived their role within the hospital, as well as the role of the hospital in the wider community, and its importance for the women's movement in this period.

¹⁸⁴ Hamilton, op. cit. (n. 120), p. 158; Banks, *Becoming a Feminist*, op. cit. (n. 59), p. 3.

10. Feminist Networks in Edinburgh and the Executive Committee

Who were the women on the Hospital's Executive Committee? The first volume of minutes from the Committee meetings is wanting, as are the Annual Reports from 1878 to 1899. The earliest we can join the Committee, therefore, is 1884, the year before the Dispensary expanded to become a small hospital. During these early years, the main Committee members were: Miss Margaret Orr; Mrs. Elizabeth Pease Nichol; Miss Dick Lauder (all three resigned in 1884¹⁸⁵); Miss Ursula Du Pre; Mrs. Dora Burn Murdoch; Mrs. Emily Jackson; Mrs. Emma C. Beilby; Mrs. Hugh Rose; Mrs. M.H. Urmiston; Miss Alexina Edington; Miss Isabella Spring Brown; Mrs. E.H. Sheills; Mrs. Annette Haldane; Mrs. Sibbald and Mrs. Alexander Russel. Between 1890 and 1899, due to the resignation of some of the above, eight new members were appointed: Miss C.H. Elliott Lockhart; Lady Chalmers; Mrs. Somerville; Miss Stodart; Mrs. Kirkwood; Mrs. Wilson; Miss Sarah Elizabeth Siddons Mair and Miss Margaret Houldsworth.¹⁸⁶

Of these ladies, three were close personal friends of Jex-Blake, and had supported the campaign for the medical education of women from its outset: Miss Du Pre, Miss Orr and Mrs. Burn Murdoch.¹⁸⁷ Four more had been original members of the Committee for Securing a Complete Medical Education for Women, which was founded in 1871 during the height of the campaign in Edinburgh (renamed the National Association for the Medical Education of Women in 1879.¹⁸⁸): Mrs. Nichol, Miss Mair, Mrs. Rose and Miss Edington.¹⁸⁹ Two had begun to study medicine themselves, but had not completed their training: Mrs Alexander Russel, and Mrs Somerville. The former had been one of Jex-Blake's group of seven pioneer women

¹⁸⁵ Executive Committee Minutes, vol. 2, 11th Nov. 1884, p. 22.

¹⁸⁶ Bye Laws of the Edinburgh Dispensary for Women and Children, 1883; Executive Committee Minutes, vol. 2.

¹⁸⁷ Todd, *op. cit.* (n. 20), pp. 221-3, p. 106, p. 110 and p. 229.

¹⁸⁸ *Ibid.*, pp. 509-510. Blake, *op. cit.* (n. 1), p. 191.

¹⁸⁹ Todd, *op. cit.* (n. 20), p. 510.

medical students, but had given up her studies to marry the editor of the Scotsman - a keen supporter of the medical women - in 1871. Although Mrs. Somerville also failed to complete her professional training as a doctor, she remained dedicated to the cause of medical women, becoming treasurer of Jex-Blake's extra-mural medical school for women, and remaining an active member of the Hospital's Executive Committee until 1935.¹⁹⁰ One committee member, Mrs. Sibbald, was the wife of a doctor.¹⁹¹ Many of the women on the Committee also had links with the women's movement, both on a local and a national level. Indeed, between them, this group of committee ladies embody the ideological links between the earliest feminist movements in the 1820s, the campaigns for higher education in the 1870s, and the first successful conclusion of the campaign for women's suffrage in 1918. They include activists, campaigners, suffragists, those who joined groups, attended meetings, gave speeches, or simply donated money.

The most distinguished member of the committee was Elizabeth Pease Nichol (1807-1897), who was one of the earliest and most vocal supporters of Jex-Blake's campaign for the medical education of women.¹⁹² Her presence on the Committee is interesting to note because she embodies the intellectual link between the early nineteenth century humanitarian causes and the women's movement of the later nineteenth century. Mrs. Nichol was the daughter of an English Quaker manufacturer, who was closely involved in the abolition of slavery in India. She became involved in this work, first as his secretary, and then also as a member of the Women's Abolition Society of Darlington. She was a correspondent with the leaders of the American anti-slavery movement, and became the most influential woman in the British abolitionist group. In the 1840s and 1850s she attended various international congresses on issues such as abolition of slavery and world peace. She was also active in the campaigns for Catholic emancipation, the abolition of the Test Acts, and Free Trade. The feminism which she became involved with from the 1860s onwards was only one aspect of her general concern for human rights; other causes which she supported included

¹⁹⁰ EHWC Annual Report 1953, p. 5

¹⁹¹ Todd, *op. cit.* (n. 20), pp. 340-341 and p. 525; EHWC Annual Report 1900-01.

¹⁹² Todd, *op. cit.* (n. 20), p. 300 and p. 303.

Chartism, the Anti-corn Law League, Italian unification, and the RSPCA. She was on friendly terms with Richard Cobden, John Bright, William Lloyd Garrison and Wendell Phillips. In 1853, she married John Nichol, Regius Professor of Astronomy at Glasgow University, and moved to Scotland. (This caused a breach with the Society of Friends, as she had married outside the Quaker circle.) On the death of her husband in 1859, Mrs. Nichol moved to Edinburgh and during the 1860s her interest in woman's rights grew from sympathy to activity. She was close friends with Duncan McLaren MP and his wife (who was John Bright's sister), both of whom strongly supported the medical women (their daughter, Agnes, was one of them), and were also high profile activists in the movement for women's suffrage. In 1871, Mrs. Nichol was one of the founder members of the Committee for Securing the Complete Medical Education of Women in Scotland. She was also a member of the Committee for Women's Suffrage, which had been set up by Mrs. McLaren, and was one of the earliest members of the Scottish Suffrage Society, appearing at numerous meetings and demonstrations for this cause throughout the 1880s.¹⁹³ She was an executive committee member of the Ladies National Association for the Repeal of the Contagious Diseases Acts, and was well acquainted with Josephine Butler. At the same time, she lent her support to the ELEA, and the EAUEW, being a member of the former from 1868, and one of the first to donate money for the foundation of Masson Hall, the hall of residence for women at Edinburgh University, in 1893-4.¹⁹⁴ She retired from a lifetime of active campaigning at the same time that she resigned from the executive committee of the Edinburgh Dispensary for Women and Children, in 1884. Her last recorded public appearance was at the age of 77, as a delegate at the Scottish National Demonstration for Women in 1884.¹⁹⁵

Given the lifelong commitment of Mrs. Nichol to radical causes, it is

¹⁹³ See, for example, *Englishwoman's Review* (1882): 131; *The Scotsman*, 24th March 1882; *The Scotsman*, 14th October 1884.

¹⁹⁴ ELEA Annual Report Members List, 1868, also EAUEW Annual Report 1893.

¹⁹⁵ *The Scotsman*, March 24th 1884. See Anna Stoddart, *Elizabeth Pease Nichol* (London, 1899); obituary in *Englishwoman's Review*, 15th April 1897; Olive Banks, *Biographical Dictionary of British Feminists, Vol. 1, 1800-1930*, (Brighton: Wheatsheaf, 1985), p. 140; Blake, op. cit. (n. 1), pp 130-131; Todd, op. cit. (n. 20), pp. 302-303; Annual Reports and Calendars of the ELEA and EAUEW 1868-1900.

perhaps not surprising that she supported the medical women and was a member of the committee of their hospital in Edinburgh. The length and diversity of Mrs. Nichol's activities illustrates the extent to which "the nineteenth century feminist movement was bound up with a wider movement for social reform".¹⁹⁶ They also reveal the fundamental humanitarian concerns which underlay the different strands of nineteenth century feminism, similarities which recent work on "first wave" feminism has down-played somewhat.¹⁹⁷ Mrs. Nichol herself implied such a common cause in a letter to Jex-Blake giving her written support to the medical women's campaign after the Royal Infirmary elections in January 1870. "You, and the struggle you are carrying on" she wrote, "remind me so forcibly of the contest which the band of women in America so nobly waged against the demon of Slavery."¹⁹⁸ The claim of the medical women for equal opportunities, in terms of both their right to higher education and their need for better employment opportunities through access to the professions, was linked to the same equal rights philosophy which, as a part of the intellectual legacy of the Enlightenment, had inspired many of the early nineteenth century social reforms with which Mrs. Nichol had been involved. Indeed, it was a short intellectual step from the rights of man to the rights of woman. Mrs. Nichol's distinguished presence on the Committee embodied the intellectual continuity between the humanitarian causes of the early nineteenth century radical reformers and the movements for women's rights during the later nineteenth century.

Few members of the Hospital committee could boast such a list of diverse, yet worthy, causes in which they were, or had been, involved. However, most of them had definite links with other feminist groups, interests, and institutions. Many, for instance, had either attended classes, or were involved with the running of the ELEA. For example, Emily Jackson was registered for, and passed, classes in Logic and Mental Philosophy in the academic year from 1882-3, and Moral Philosophy in 1884; and Mrs. Hugh Rose attended classes in Geology in 1889-90 and 1891, Latin in 1890-

¹⁹⁶ Banks, op. cit. (n.195), p. 140.

¹⁹⁷ See, for example, Banks, *Faces of Feminism*, op. cit. (n. 59).

¹⁹⁸ Todd, op. cit. (n. 20), p. 303.

91 and Physiology in 1886-87.¹⁹⁹ In the Annual Reports for the ELEA and EAUEW from 1868, and throughout the 1870s and 1880s, as ordinary members and Executive Committee members we find Miss Dick Lauder, Miss Spring Brown, Miss Edington, Miss Stodart, Miss Houldsworth and Miss Mair.²⁰⁰ By 1900, the Association boasted Lady Chalmers, Miss Houldsworth, Miss Edington and Miss Dick Lauder as members,²⁰¹ whilst life membership was granted to Miss Edington, Miss Houldsworth and Miss Mair.²⁰² Among the first list of donations to the "Masson Hall Fund" in 1893-4 were those received from Lady Chalmers, Miss Houldsworth, Miss Mair, and Mrs. Hugh Rose.²⁰³

Two Ladies who joined the Hospital Committee in 1898 and 1899, Miss Sarah Elizabeth Siddons Mair and Miss Houldsworth, were well known throughout the city, and were closely involved with the ELEA. Miss Mair (1846-1941) became one of the leading figures on the Hospital committee from 1898 to 1922 (at which point she left the executive committee and became vice president, a position she held until 1940). Although always non-militant, from the age of 19, she was involved in almost every group in the city which was concerned with the advancement of women's rights. In 1865 she founded the Edinburgh Essay Society, which became the Ladies Edinburgh Debating Society in 1872, and which met in her front room every Saturday morning for 70 years. Rae credits the Society with being the first in the country to discuss the question of extending the franchise to women.²⁰⁴ Sarah Mair also helped to edit the *Ladies Edinburgh Magazine* (1875-1898), previously called *The Attempt* (1869-75) - a journal which grew out of her debating society and discussed feminist issues, such as the extension of the suffrage, and the right of women to paid employment and higher education.

¹⁹⁹ ELEA and EAUEW Class Registers, 1882-1888. Elsie Inglis attended the classes in Moral Philosophy, and Physiology in 1886-7, and English Literature in 1884-5.

²⁰⁰ ELEA Annual Reports and Calendars 1868-1880.

²⁰¹ EAUEW Annual Report 1900.

²⁰² EAUEW Annual Report 1899.

²⁰³ EAUEW Annual Report 1893-4.

²⁰⁴ Lettice Milne Rae, *Ladies In Debate: Being a History of the Ladies Edinburgh Debating Society 1865-1935*, (Edinburgh: Oliver and Boyd, 1936); Hamilton, op. cit. (n. 120), p. 25.

From the 1860s, both Miss Mair and Miss Houldsworth were prominent figures in the local movement for the university education of women. Their names appear regularly on the class registers and members lists of the ELEA and EAUEW,²⁰⁵ and during the 1870s and 1880s both ladies created bursaries to enable women to study in these organisations.²⁰⁶ By 1879, Miss Houldsworth was Vice President of the Association, and by 1900 Miss Mair was Honorary Treasurer.²⁰⁷ Both ladies were also amongst the founders of St. George's School for Girls in 1888 - a college set up by the ELEA specifically for women students to further their teacher training - and were members of its committee of management for many years.²⁰⁸ Sarah Mair was also Honorary Treasurer at Masson Hall during the 1890s.²⁰⁹

Margaret Houldsworth, although committed to the ELEA and EAUEW, was a more reserved woman than Miss Mair. Rosaline Masson remembered her as a quiet figure, who remained in the shadow of more vigorous personalities in the Association, such as Louisa Stevenson and Phoebe Blyth, "never coming out to the open, but generous with help in money or kind, both to the Association and to the students".²¹⁰ Indeed, Miss Houldsworth was one of the most generous contributors to the cause of women's education in the city, establishing bursaries at the ELEA, St. George's School, and Masson Hall.²¹¹ On her death in 1909, she left a bequest of £3,000 to the Edinburgh Hospital for Women and Children and The Hospice for the purpose of developing these institutions further for the teaching and training of medical women in the practice of gynaecology and midwifery in Edinburgh.²¹²

²⁰⁵ ELEA and EAUEW Annual Reports 1868-1900; ELEA and EAUEW Class Registers 1882-1888.

²⁰⁶ Hamilton, op. cit. (n. 120), p. 173; ELEA Annual Report 1884.

²⁰⁷ ELEA Annual Reports 1879-80 and 1900.

²⁰⁸ Hamilton, op. cit. (n. 120), pp. 104-105.

²⁰⁹ EAUEW Annual Report 1893-94; Hamilton, op. cit. (n. 120), p. 163; E. Boog-Watson, 'The First Eight Ladies', *University of Edinburgh Journal* 23 (1970): 227-34.

²¹⁰ Letter to Miss Elspeth Boog-Watson from Miss Rosaline Masson, 1948.

²¹¹ Hamilton, op. cit. (n. 120), p. 173.

²¹² EHWC Annual Report 1909. Biographical details on Mair and Houldsworth are from Lettice Milne Rae, op. cit. (n. 204); *The Scotsman*, Monday 17th Feb. 1941; *The Scotsman*, Wednesday 19th Feb. 1941; *The Scotsman*, Saturday 19th Feb. 1941; *Edinburgh Women's Citizen's Association Souvenir Coming of Age* (Edinburgh, 1939);

Although a number of the women on the committee of the Edinburgh Hospital for Women and Children were only involved with feminism on this specific, local level - simply attending classes at the ELEA - as Olive Banks has observed, "active involvement in the women's movement was, even for the most conservative of feminists, a conscious and deliberate act of revolt, even if it was only a revolt against the current belief that intellectual pursuits were harmful and inappropriate for women".²¹³ Furthermore, although the women of the ELEA denied that they intended to use education to enter professional life, such a claim was, by necessity, somewhat disingenuous: a substantial number of those who were in the Edinburgh Ladies Education Association went on to take part in public life through various projects for the extension of women's rights, such as the campaign for women's suffrage. Although still acting in a voluntary capacity, they also lent their support to the institutions which represented women's interests, and which were geared to the training of women as professionals, such as the Edinburgh Hospital and Dispensary for Women and Children (1878), the Edinburgh School of Medicine for Women (1886), St. George's School for Girls (1888) and Masson Hall for Women at Edinburgh University (1894). Although they did not attend these institutions themselves, involvement with their administration provided an outlet for the demonstration of women's professional ability and achievements, and implied their fitness for further gains.

The connection between the members of the Hospital Committee and the movement for women's rights was not restricted to their involvement with the local campaign for women's higher education, although this was a distinctive feature of its composition. A number of the Committee women were also involved in national feminist campaigns, such as the campaign for the extension of the suffrage. Mrs Emma C. Beilby, for example, who devoted over fifty five years of her life to committee work at the Edinburgh

Hamilton, op. cit. (n. 120), chapters 1 and 2; *In Memoriam: Sarah Elizabeth Siddons Mair*, EAUEW Papers; Annual Reports and Calendars of the ELEA and EAUEW 1868-1900.

²¹³ Banks, *Becoming a Feminist*, op. cit. (n. 59), p. 9.

Hospital for Women and Children (as did her sister, Mrs. Sheills²¹⁴), was a keen supporter of the campaign for women doctors, and for women's rights in general.²¹⁵ Unfortunately, public evidence of Mrs. Beilby's support for women's rights, - aside from her involvement with the women's hospital - is limited to her name on the Annual Report of the Scottish University Women's Suffrage Union in 1918.²¹⁶

Emma Beilby was one of Jex-Blake's earliest patients,²¹⁷ and was committed to the success of the medical women and the development of their institutions. This interest and dedication, however, was not restricted to Edinburgh, as is made clear by the large sums of money which she bequeathed to six women's hospitals throughout Britain, all of which she had been involved with, through donations of money, for many years. The Edinburgh Hospital for Women and Children, and the South London Hospital for Women and Children received the largest bequests; with the Elizabeth Garrett Anderson Hospital in London, the New Sussex Hospital for Women and Children, the Clapham Maternity Hospital and Bristol Private Hospital for Women and Children receiving smaller sums. She was also involved with charities for the prevention of cruelty to children and animals, leaving generous contributions to the RSPCA and the NSPCC. Furthermore, her belief in the importance of higher education for women was confirmed by further substantial donations to Somerville College, Oxford and Bedford College in London.²¹⁸ These bequests reveal a commitment to a number of women's institutions throughout the country. Although, as far as we can tell, remaining out of the limelight of the feminist campaigns, Mrs. Beilby was, clearly, non the less deeply sympathetic to the causes they espoused.

²¹⁴ Mrs Beilby was one of the original committee members of the Dispensary in 1878, and she remained on the executive committee up to her death in 1935. Mrs Sheills was on the executive committee from the early 1880s to 1934. EHWC Annual Reports 1934 and 1935.

²¹⁵ Correspondence with Mr. O. J. Beilby.

²¹⁶ From the Scottish University Women's Suffrage Union, 7th, 8th, 9th and 10th Annual Reports. Mrs Beilby was also the 'Glasgow delegate' for the Women's Suffrage Society in London in 1917. Letter from Mrs. Beilby to Mrs Johnson, 2nd February 1917.

²¹⁷ Todd, *op. cit.* (n. 20), p. 525.

²¹⁸ Beilby private papers.

The most co-ordinated and widely supported feminist campaign was that for the extension of the franchise to women. Although the issue of votes for women had been simmering since the 1860s, it emerged more forcefully in the 1880s and 1890s, and was the last major feminist cause of the nineteenth, and early twentieth century.²¹⁹ Of the Hospital's most long serving Committee members, Sarah Mair, became increasingly involved with the campaign for women's suffrage. She attended many meetings on the subject, and was a delegate at the Scottish National Demonstration for Women in 1884.²²⁰ She was the president of the Edinburgh Women's Franchise Association - a non-party and non-militant body - and, after the extension of the franchise in 1918, of the Edinburgh Women's Citizen's Association.²²¹ She was also a member, along with Margaret Houldsworth, of the Edinburgh National Association for Women's Suffrage, and the Scottish Churches' League for Women's Suffrage.²²²

Despite the limited sources available on the suffrage movement in Scotland,²²³ there is evidence that a number of the ladies on the Committee were involved with, or at least lent their support to, this campaign. Mrs. Nichol and Mrs. Beilby have already been mentioned in connection with this aspect of the women's movement. In addition, however, Mrs. Somerville and Lady Chalmers were delegates at the Scottish National Demonstration for Women in 1884, which was held "on the subject of extending the franchise to women householders"; and at similar meetings in 1882 and 1894 we also find Mrs. Hugh Rose.²²⁴

Sophia Jex-Blake also lent her support to the campaign for the extension of the franchise, although on a strictly non militant basis, regularly

²¹⁹ Banks, *Becoming a Feminist*, op. cit. (n. 59), p. 46

²²⁰ *The Scotsman*, Wednesday 13th October 1884; *Englishwoman's Review* (1894): 25; *The Scotsman*, Monday 24th March 1884.

²²¹ *Edinburgh Women Citizens Association Souvenir Coming of Age*, op. cit. (n. 212).

²²² Hamilton, op. cit. (n. 120), p. 274.

²²³ *Ibid.*, p. 358. The main work on the movement in Scotland is a pamphlet by Elspeth King, *Scottish Women's Suffrage Movement*, (Glasgow: People's Palace Museum, 1978; reprinted 1985). See also idem, 'The Scottish Women's Suffrage Movement', in Esther Breitenbach and Eleanor Gordon (eds.), *Out of Bounds*, op. cit. (n. 9), pp. 121-150.

²²⁴ *The Scotsman*, Monday 24th March 1884; *Englishwoman's Review* (1882): 131; *Englishwoman's Review* (1894): 25.

attending and speaking at meetings, and signing petitions and polls.²²⁵ Indeed, during the early twentieth century, as the women's suffrage campaign came to dominate the feminist agenda, Jex-Blake's successors at the Hospital continued the tradition of involvement with feminist politics. Drs. Isabel Venters, Elsie Inglis, Joan Rose, and Mrs. Chalmers-Watson, all of whom worked at the Edinburgh Hospital in the late nineteenth and early twentieth-centuries, all joined organisations for the support of the suffrage. Perhaps in order to maintain their (still vulnerable) professional credibility, however, they too avoided being associated with the radical wing of the movement. All were members of the Scottish University Women's Suffrage Association,²²⁶ and Elsie Inglis established the Edinburgh University Women's Suffrage Society in 1909, and was its Vice President in 1912.²²⁷ She was also a member of the Edinburgh National Association for Women's Suffrage,²²⁸ and Honorary Secretary of the Federated Women's Suffrage Society of Scotland, from 1906 to 1914.²²⁹ Mrs. Chalmers-Watson was a member of the Edinburgh Women's Franchise Association, and co-editor of the women's suffrage journal *Time and Tide* during the early twentieth century.²³⁰

It is clear, therefore, that many of the women on the committee of the Hospital actively took part in the various feminist campaigns of the period. Biographical sketches of the more distinguished members of the committee reveal that there are definite strands of continuity and solidarity between the different women's rights activities throughout the nineteenth century. In particular, the recurrence of the names of the same women in a number of separate campaigns reveals that 'first wave' feminism was based on a series

²²⁵ She spoke at an early suffrage meeting in London 'with great success' in April 1871, Blake, op. cit. (n. 1), p. 134. See also Sophia Jex-Blake, 'Women and Political Parties', *Englishwoman's Review* (1885): 408-409; *The Scotsman*, Monday 24th March 1884; *Englishwoman's Review* (1894): 171; *Women's Suffrage Journal* (1880): 23; *Women's Suffrage Journal* (1884): 132; Todd, op. cit. (n. 20), pp. 531-532.

²²⁶ Scottish University Women's Suffrage Union, 7th, 8th, 9th and 10th Annual Reports.

²²⁷ Hamilton, op. cit. (n. 59), pp 362-363.

²²⁸ Ibid., p. 374.

²²⁹ Jennifer S. Uglow (ed.), *The Macmillan Dictionary of Women's Biography* (second edition) (London: Macmillan, 1982), pp. 273-74.

²³⁰ *The Scotsman*, Saturday 8th August 1936; *Edinburgh Evening News*, Tuesday 26th January 1937.

of social networks, linked often by personal friendships, and strengthened by the commitment and interaction of the same individuals to the different causes. From this, feminism derived a special nexus of support and solidarity in which it was able to flourish.

The Edinburgh Hospital For Women and Children was crucial as a focus in the city for women who had a common interest in women's rights, as well as linking them to the wider world of feminism. It provided a centre for the development of qualities necessary for life in the public sphere, such as leadership skills, secretarial, accounting and general administrative expertise, whilst also providing a powerbase for the development of women's role within the medical profession. By the early twentieth-century, the significance of the Edinburgh Hospital in these terms was still being remarked upon by the Secretary of the Executive Committee. "In themselves", remarked Mrs Johnson in the 1920s, "[hospitals staffed entirely by women] offer a chance of medical service and development which is providing of great value not only to medical women, but to the whole question of hospital administration".²³¹

Estelle Freedman has argued that at "certain historical periods, the creation of a female public sphere might be the only viable political strategy for women" if they were to make progress in the wider, male dominated society outside of the home. Such "female institution building" was a frequent occurrence in the late nineteenth and early twentieth centuries, as women were excluded from similar positions in male run hospitals.²³² The Edinburgh Hospital for Women and Children was one such institution, whose committee of women gave support to the continuing entry of women into the medical profession, and more generally, to the emergence of women into the public sphere. In turn, they gained for themselves an important role and purpose in the successful running of their Hospital.

²³¹ Letter from Mrs. J.C. Johnson to Mrs. F.M. Huxley, (n.d.).

²³² Estelle Freedman, 'Separatism as Strategy: Female Institution Building and American Feminism 1870-1930', *Feminist Studies* 5 (1979): 512-529, p. 513.

Conclusions

The Victorian belief in the separation of public and private spheres for men and women was a pervasive and enduring ideology. This ideology, which was promulgated through education, science and medicine, and was voiced in the periodicals and journals of the period, accorded women a special, moral role in society, which was deemed to be best suited to the environment of home and family. These restrictions had a profound effect on the shape and direction of women's gradual entry into public life from mid-century onward. Most importantly, middle-class women sought to interpret these restrictive assumptions about their womanly nature on their own terms, turning them around to argue that this unique moral role would surely have a wider and more lasting impact on society if they were permitted to exercise it in the public sphere. Arguments such as this led to women's involvement in unpaid philanthropic work.

Mid-century saw the emergence of feminist claims for equal rights in education, entry to paid work and the vote. The campaigns for the medical education of women and for the higher education of women were two of the most important feminist campaigns in this period. Both drew on, and re-interpreted, the traditional moral role which women were purported to possess in their arguments to justify women's need for education and the need for women doctors for female patients. As we shall see in subsequent chapters of this thesis, such arguments were to have a definitive impact on the practise of medicine by women at the Edinburgh Hospital for Women and Children.

The Edinburgh Hospital was founded as a direct consequence of the campaign for the medical education of women. Although only a tiny institution, it was vital to the training of women doctors in Scotland, as well as to the wider concerns of the women's movement. In addition to supporting the medical women in the early 1870s, for instance, most of the Hospital's Executive Committee were involved with other local and national

feminist campaigns and institutions. Due to the effort and dedication of its Resident Medical Officers, its Executive Committee, and its founder Sophia Jex-Blake, the Edinburgh Hospital for Women and Children became a key institution in the emergence of women into professional life in Edinburgh - on a par with men, both as doctors and administrators, rather than simply as their auxiliaries, subordinates or moral side-kicks.

Chapter 2

"The Elements of Real and Useful Knowledge": Physiology, Hygiene and the Entry of Women to the Medical Profession

Introduction

Having looked at the social and cultural constraints imposed on middle class Victorian women, and at the political interests of those who were involved in the foundation and running of the Edinburgh Hospital for Women and Children, it is time to direct attention to the medical women themselves. Although the efforts of women to gain a place in medicine have been repeatedly narrated by historians, most studies tend to focus chiefly on academic politics and on the personal achievements of individual campaigning women.¹ However, such narratives fail to take into account the changing nature of medical knowledge in this period, and do not consider the strategies medical women adopted to forge careers for themselves within that

¹ Along with Sophia Jex-Blake's own narrative of the Edinburgh campaign, *Medical Women: A Thesis and a History*, second edition, (Edinburgh: Oliphant, Anderson and Ferrier, 1886), the best studies of women's entry to the medical profession are Catriona Blake, *The Charge of the Parasols: Women's Entry to the Medical Profession*, (London: Women's Press, 1990); E. Moberly Bell, *Storming the Citadel: The Rise of the Woman Doctor*, (London: Constable, 1953); and Margaret Todd, *The Life of Sophia Jex-Blake*, (London: Macmillan, 1918), though these tend to offer a chronological narrative, rather than an analytical study of the process. A greater level of analysis is provided by Mary Ann Elston, *Women Doctors in the British Health Services: A Sociological Survey of their Careers and Opportunities*, (PhD Thesis, University of Leeds, 1986); and chapter 1 of Peter Mohr, *Women-Run Hospitals in Britain: A Historical Survey Focusing on the Dr. Catherine Chisholm (1878-1952) and the Manchester Babies Hospital (Duchess of York Hospital)*, (PhD Thesis, University of Manchester, 1995). A brief outline of the story is also provided in Thomas Neville Bonner, *To the Ends of the Earth: Women's Search for Education in Medicine*, (Cambridge, Mass. and London: Harvard University Press, 1992), chapter 6.

context. Work on medical professionalisation has emphasised the importance of new claims to knowledge, especially those of esoteric scientific expertise, in reinforcing professional status.² Women's campaign for medical education in the 1870s coincided with this, and with efforts to establish laboratory science and scientific technique as the basis of medical knowledge and education. This chapter will argue that the development of physiology, which was a central part of the reorientation of medicine's scientific foundations, also had profound consequences for the self-definition of female medical practitioners.

Until the late Victorian period, physiology was very different discourse to that understood by the twentieth century. Regarded as a discipline based on a knowledge of the functions of the human body as a whole, and the laws which governed these functions, physiology entailed the practical application of this knowledge for the restoration and maintenance of bodily health. It was closely linked with hygiene, the principles of which emphasised the regulation of the entire body through attention to such external influences as diet, environment, sleep and exercise. However, during the latter third of the century, physiology increasingly became more narrowly defined as an experimental, laboratory-based bio-medical science, and was developed to have little direct connection with the actual experiences and practice of medicine and health care.³ This chapter will argue that this

² See, for example, John Harley Warner, 'Therapeutic Explanation and the Edinburgh Blood-Letting Controversy: Two Perspectives on the Medical Meaning of Science in the Mid-Nineteenth Century', *Medical History* 24 (1980): 241-258; idem, 'Science in Medicine', *Osiris* 2nd Ser. 1 (1985): 37-58; W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century*, (Cambridge, Cambridge University Press, 1994).

³ Analysis of the development of physiology in Britain tends to focus on the rise of laboratory based science. See, for example, Richard D. French, 'Some Problems and Sources in the Foundations of Modern Physiology in Great Britain', *History of Science* 10 (1971): 28-55, although this article tends to overlook the contribution of John Hughes Bennett and William Rutherford in Edinburgh in this period. Andrew Cunningham and Perry Williams (eds.), *The Laboratory Revolution in Medicine*, (Cambridge: Cambridge University Press, 1992); Stella Butler, *Science and the Education of Doctors in the Nineteenth Century: A Study of British Medical Schools with Particular Reference to the Development and Use of Physiology*, (unpublished PhD thesis, University of Manchester, 1981); Stewart Richards, 'Conan Doyle's "Challenger" Unchampioned: William Rutherford, F.R.S. (1839-99), and the Origins of Practical Physiology in Britain', *Notes and Records of the Royal Society* 40 (1986): 193-217; W.J. O'Connor, *Founders of British Physiology: A Biographical Dictionary, 1820-1885*, (Manchester: Manchester University Press, 1988); W.J. O'Connor, *British Physiologists 1885-1914: A Biographical*

shift in the physiology paradigm enabled medical women to lay claim to an older tradition of physiological knowledge - that oriented towards hygiene and preventive medicine - and that this had important implications for the way in which they identified their place within the medical profession. The distinct physiological tradition in Edinburgh, both in its popular culture and also at its medical school, provided a special, perhaps unique, opportunity for the construction of the medical women's arguments for entry to the profession.

1. Nineteenth Century Physiology: The "Laws of Health" and Bio-Medical Science

On a popular level, throughout the nineteenth century physiology was perceived to be the branch of medicine which provided knowledge of the "laws of health". That is to say, it described the basic principles of hygiene through its understanding of the interconnected functions of the human body and the laws which governed those functions.⁴ More than simply cleanliness, hygiene was concerned with the "the art of preserving health and warding off disease",⁵ through the practical application of the principles of physiology to daily living. Disease was to be prevented and eradicated through attention to diet, environment, exercise, sleep and rest and the functions and emanations of the body.⁶

Hygiene affords also the principles by the application of

Dictionary, (Manchester: Manchester University Press, 1991). All these studies, however, neglect the notion that physiology was also perceived to form the basis of hygiene and preventive medicine, and ignore the importance of physiology for medical women, and for women at large.

⁴ John Hughes Bennett, 'Physiology for Women', *Nature* 5 (1871): 73. See also Richard D. French, op. cit. (n. 3), pp. 30-34.

⁵ Andrew Combe to Sir James Cox, 29th November, 1837, cited in George Combe, *The Life and Correspondence of Andrew Combe, 1797-1847*, (Edinburgh: Maclachlan, Stewart and Co., 1850), p. 311.

⁶ Andrew Wear, 'The History of Personal Hygiene', in Roy Porter and W. F. Bynum (eds.), *The Companion Encyclopaedia to the History of Medicine*, volume II, (London: Routledge, 1994), pp. 1283-1308 and pp. 1283-4.

which the development of the various organs may be promoted, and their functions made to be executed with facility and vigour [explained Andrew Combe in 1837], in other words, it shews not only how health may be preserved, but how man's bodily and mental constitution may be most successfully improved ... Anatomy and physiology ... afford the groundwork.⁷

Since the classical period, hygiene had been understood to be an aspect of medicine crucial to the preservation of health and well-being. From the beginning of the nineteenth century, the development of hospital medicine resulted in a decline in holistic perceptions of the body and its illnesses, and a growing emphasis on specific body parts and organs as the origins, causes and sites of disease.⁸ However, the classical holistic notion of what constituted hygiene was not completely subsumed by this organ specific aetiology. Indeed, the notion of the six 'non-naturals' - "air, aliment, exercise and rest, sleep and wakefulness, repletion and evacuation, the passions and affectations of the mind"⁹ - which had been set down by Galen as constituting the crucial categories which made up hygiene,¹⁰ were still cited by authors in the mid and later nineteenth century.¹¹

The importance of a knowledge of physiology for the general public - and for women in particular - had been widely accepted throughout the early nineteenth-century. In Edinburgh, interest in such matters had flourished. From the 1820s, popular science in the city had emphasised the links between physiological knowledge and hygiene, and the subject had been widely discussed in a variety of public tracts, pamphlets and books.¹²

⁷ Combe, op. cit. (n. 5), p. 311 and pp. 313-314.

⁸ See note 117 below.

⁹ Edmund Parkes, *A Manual of Practical Hygiene*, (London: J. and A. Churchill, 8th Edition, 1891), p. xv.

¹⁰ See L.J. Rather, 'The "Six Things Non-Natural": A Note on the Origins and Fate of a Doctrine and a Phrase', *Clio Medica* 3 (1968): 337-347. Rather argues that Galen did not actually use the term "non-naturals", though he did refer to six "necessary conserving causes" in his treatise on hygiene. Ibid, p. 341.

¹¹ Indeed, the principles of hygiene, especially diet and regimen, were emphasised as a therapeutic measure by Robert Christison from the 1830s through to the mid 1870s. See chapter 3 below.

¹² For example, J. Fletcher, *Discourse on the Importance of Physiology as a Branch of Popular Education*, (Edinburgh: Maclachlan, Stewart and Co., 1836); G. Combe, *Lectures on Popular Education*, (Edinburgh: Maclachlan, Stewart and Co., 1833); A. Combe, *The*

Popular lectures on science, including physiology, had been given in the city since the foundation of the Edinburgh School of Arts in 1821,¹³ and the Edinburgh Association for Procuring Instruction in Useful and Entertaining Science in 1832 (re-named the Edinburgh Philosophical Association in 1836). The Association provided an extensive curriculum of scientific subjects, which were open "to all, male or female", and covered "botany, geology, chemistry, astronomy, physiology, natural philosophy, phrenology and education".¹⁴

That women were allowed, and even encouraged, to attend the lectures is interesting to note. It provided them with an "opportunity of receiving instruction which ... [was] denied them in nearly every other institution for education", and the women of Edinburgh had, in turn, "largely availed themselves of the advantages presented to them".¹⁵ Not only were

Management of Infancy, Physiological and Moral, (Edinburgh: Maclachlan, Stewart and Co. 1840); A. Combe, *The Principles of Physiology Applied to the Preservation of Health and to the Improvement of Physical and Mental Education*, (Edinburgh: Maclachlan, Stewart and Co., 1834); A. Combe, *Physiology of Digestion, Considered With Relation to the Principles of Dietetics*, (Edinburgh: Maclachlan, Stewart and Co. 1836); S. Smiles, *Physical Education; or the Nurture and Management of Children, Founded on the Study of their Nature and Constitution*, (Edinburgh: Maclachlan, Stewart and Co., 1838).

¹³ On the foundation of the Edinburgh School of Arts for the scientific instruction of artisans (the precursor of the Mechanics Institutes founded throughout the country from the 1830s), see Steven Shapin, 'Nibbling at the Teats of Science', in Ian Inkster and J. B. Morrell (eds.), *Metropolis and Province: Science in British Culture, 1780-1850*, (London: Hutchison, 1983), pp. 121-151. It is interesting to note that Duncan McLaren MP., one of the keenest supporters of the medical women in the 1870s and 1880s (his daughter became one), was an early student of the school. See Obituary of Duncan McLaren, *Glasgow Herald*, April 27th, 1886. W.H. Marwick points out that although the School of Arts was the first established institution for popular education in the city, there is evidence of earlier efforts, such as the Edinburgh Institute, formed in 1811 "for... the study of science and literature", and whose membership "included ladies". There is no evidence, however, as to what happened to the Edinburgh Institute after 1811. W.H. Marwick, 'Early Adult Education in Edinburgh', *Journal of Adult Education* 5 (1930-32): 378-394, p. 389.

¹⁴ H. Cockburn, *Journal of Henry Cockburn*, 2 vols., (Edinburgh: Maclachlan, Stewart and Co., 1871), vol. 1, p. 73. For a discussion of the cultural significance of phrenology in the early and mid nineteenth-century, see Shapin, op. cit. (n. 12), p. 153; idem, 'Phrenological Knowledge and the Social Structure of Early Nineteenth-Century Edinburgh', *Annals of Science* 32 (1975): 219-243; G. N. Cantor, 'The Edinburgh Phrenology Debate: 1803-1828', *Annals of Science* 32 (1975): 195-218; and Roger Cooter, *The Cultural Meaning of Popular Science: Phrenology and the Organisation of Consent in Nineteenth-Century Britain*, (Cambridge: Cambridge University Press, 1984).

¹⁵ George Combe, *Lectures on Popular Education, Delivered to the Edinburgh Philosophical Association, 1833*, 3rd Edition, (Edinburgh: Maclachlan, Stewart and Co., 1848), pp. 67-68. The Scottish Institution for the Education of Young Ladies also provided women with scientific education (as well as elocution and music - the more

women permitted to attend the lectures, they were positively encouraged to make use of certain aspects of scientific and medical knowledge for the improvement of themselves, their families, and thereby of society itself.¹⁶ Specifically, the importance of physiological knowledge for women was emphasised in order that they might better fulfil their traditional domestic obligations as wives and mothers. Advocated as the basis of a woman's understanding of how to look after her children, feed her family, and generally maintain their health and happiness, physiology was pin-pointed as a crucial, though neglected, part of a women's general education. "The physical quality of highest importance in a women ... is health", declared George Combe, lecturing to the Association in 1833.

One important branch of female instruction ... ought to be the treatment of children as physical beings ... and the basis of it ought to be anatomy and physiology ... [T]he leading organs and their uses, on which health and mental activity depend, should be explained.¹⁷

One of the main proponents of this way of thinking was an Edinburgh doctor, Andrew Combe (brother of George, the phrenologist¹⁸). In general, Andrew Combe was concerned with the importance of physiology - the branch of medical science which provided the secrets of the "natural laws of health" - as a crucial part of lay knowledge. The basic

traditional female subjects), with mathematics, arithmetic, chemistry, natural philosophy, astronomy, geology and botany on the curriculum. Only two reports exist, however, for 1835 and 1837. See *Report of the Scottish Institution for the Education of Young Ladies*, (Edinburgh: Oliver and Boyd, 1835 and 1837).

¹⁶ Lindy Moore has argued that this inclusion of women in scientific education in the early nineteenth century was a distinctly Scottish characteristic, and was closely connected to Enlightenment theories concerning the importance of education for individual development. See Lindy Moore, 'Educating for the "Woman's Sphere"', in Esther Brietenbach and Eleanor Gordon (eds.), *Out of Bounds: Women in Scottish Society, 1800-1945*, (Edinburgh: Edinburgh University Press, 1992), pp. 10-41, pp. 10-13. Linked to this is the notion, taken up by the Edinburgh Ladies Education Association in the 1870s and 1880s, that the more educated a woman was the better she would be able to fulfil her womanly duties as wife and mother.

¹⁷ G. Combe, *Lecture on Popular Education*, op. cit. (n. 15), pp. 52-53.

¹⁸ Cooter, op. cit. (n. 14), discusses the work of George Combe at length, see especially pp. 101-133. See also Roger Cooter, 'The Power of The Body', in Barry Barnes and Steven Shapin (eds.), *Natural Order: Historical Studies of Scientific Culture*, (London: Sage, 1979), pp. 73-92.

premise to all his work was that "health may be preserved, and disease averted and mitigated, by knowledge of physiology".¹⁹ Combe claimed that a proper grasp of this knowledge would enable women to fulfil successfully their maternal and domestic duties. An understanding of "the infant constitution ... the principles on which it ought to be treated, or ... the laws by which its principle functions are regulated" was crucial to any woman, whether married or not (as, naturally, all women looked after children at some point), and would prevent the loss of infant life through ignorance and neglect.²⁰ "In no point of view", argued Combe, "is it possible to defend the prevailing error of leaving out what ought to constitute an essential part of female education [i.e., physiology] ... On every count ... it is urgently necessary that female education should be such as to fit both mind and body for the duties ... of life".²¹

The works of Andrew Combe were steadily reprinted throughout the nineteenth century. The notion of self-help and scientific knowledge as the key to good health had its origins in Enlightenment theories concerning the importance of the development of the individual.²² Such ideas were enthusiastically taken up by the labour aristocracy and lower middle classes

¹⁹ Andrew Combe, *The Management of Infancy, Physiological and Moral*, (Edinburgh: Maclachlan, Stewart and Co. 1888), p. xiii.

²⁰ Ibid., p. x.

²¹ Ibid. See also Andrew Combe, *The Principles of Physiology Applied to the Preservation of Health*, op. cit. (n. 12), pp. 104-105. Cooter has argued that the sudden popularity of physiology in the early nineteenth century, as typified by the work of Andrew Combe, is due to a cultural need to find certainty in a changing, rapidly industrialising society. Physiology, presented as the 'principles of Nature', 'laws of life' or the 'laws of health', promised the individual some degree of control over his or her life. Furthermore, argues Cooter, physiology, with its study of the harmonious workings of the body, "validated, naturalised, justified, rationalised or legitimated the values, assumptions and beliefs that made up the secular bourgeois ideology of industrial capitalist society". See Roger Cooter, 'The Power of the Body', op. cit. (n. 18), p. 79. Martha Verbrugge cites a similar reason for the popular interest in physiology and health reform, especially amongst women, which emerged in ante-bellum America. See Martha Verbrugge, 'The Social Meaning of Personal Health: The Ladies' Physiological Institute of Boston and Vicinity in the 1850s', in Susan Reverby and David Rosner (eds.), *Health Care in America: Essays in Social History*, (Philadelphia: Temple University Press, 1979), pp. 45-66; and M. Verbrugge, *Able-Bodied Womanhood: Personal Health and Social Change in Nineteenth-Century Boston*, (New York and Oxford: Oxford University Press, 1988), pp. 47-48.

²² Cooter, op. cit. (n. 18), pp. 79-80.

of Edinburgh,²³ as personal well-being through self discipline and the following of the "laws of health" could be interpreted as the pre-condition for self improvement. As Roger Cooter has argued, the "natural laws of health" ostensibly interpreted physiology as a description of bodily functions and this "thrust the burden of ill-health (and hence health itself) onto the individual".²⁴ Although women's domestic function was given a new, scientific, basis, therefore, Combe's interpretation of physiology also implied women's domestic responsibility to maintain the health of their families.

Combe was advocating the importance of hygiene and the application of physiological principles to a popular audience throughout the late 1830s.²⁵ However, although diet and regimen formed a part of the *Materia Medica* lectures at Edinburgh University throughout the nineteenth century, it was not until the late 1860s that hygiene *per se* began to "receive the attention which it merits as a branch of medical education".²⁶ As public health measures took off in Edinburgh from the mid 1860s with the appointment of Henry Littlejohn as Medical Officer of Health in 1862, the application of the principles of hygiene as a means of reducing and controlling disease and ill-health became more widespread. John Hughes Bennett, Professor of the Institutes of Medicine at Edinburgh University, emphasised the importance of physiology as a branch of general education on the grounds that if the laws of hygiene were widely known, and basic physiological principles understood, then "efforts on the part of the government to introduce sanitary

²³ On the dynamics of Edinburgh's labour aristocracy see R. Q. Gray, 'Styles of Life: The 'Labour Aristocracy' and Class Relations in Later Nineteenth Century Edinburgh', *International Review of Social History* 18 (1973): 428-452; and R. Q. Gray, 'Religion, Culture and Social Class in Late Nineteenth and Early Twentieth Century Edinburgh', in G. Crossick (ed.), *Lower Middle Class in Britain, 1870-1914*, (London: Croom Helm, 1977), pp. 23-39.

²⁴ Cooter, op. cit. (n. 14), p. 178.

²⁵ Having said this, Combe was anxious to stress that the importance of hygiene should also be recognised by doctors and he recommended that his work on the subject, especially that on the management of infancy, be studied carefully by the "young medical practitioner". See Combe, *Management of Infancy*, op. cit. (n. 12), p. xiii.

²⁶ Sir James Clark, introduction to Combe's *Management of Infancy*, op. cit. (n. 12), (1870 edition), p. xii. The importance of hygiene as a branch of medical education as distinct from physiology had been recognised as early as 1837, in which year Clark consulted Combe on the possibility of developing a university course on the subject. G. Combe, *The Life and Correspondence of Andrew Combe*, op. cit. (n. 5), pp. 311-323.

laws" would have more effect in reducing the number of "contagious diseases" and "unnecessary deaths" which occurred in towns and cities.²⁷ Indeed, the efforts of both central and local governments to improve public health, to reduce infant mortality, and generally to "ameliorate the numerous evils of our social condition" were widely seen to be hindered in their success by the ignorance of the public with regard to basic physiological principles and matters of hygiene.²⁸ As the experts in matters pertaining to health, both curative as well as preventative, doctors were the only people adequately qualified to educate the public in those aspects of public and private hygiene which would improve the health of the nation.

2. Physiology and Hygiene in the Professionalisation of Medicine

The development of laboratory-based medicine in the later Victorian period is often illustrated by the changing nature and role of physiology. Historians have linked it to the professionalisation of medicine, a process given legislative impetus by the 1858 Medical Act and consolidated throughout the later nineteenth and early twentieth centuries. From this date, the medical profession had sought to demarcate and consolidate its professional status by appropriating knowledge of the body and its environment, and by claiming that such knowledge could only be understood fully by the medically trained expert.²⁹ Before the principles of hygiene

²⁷ John Hughes Bennett, *Physiology as a Branch of General Education: A Graduation Address, delivered 1st August 1871*, (Edinburgh: Edmonston and Douglas, 1871), p. 1. See also Edwin Lankester, *What Shall We Teach? or Physiology in Schools*, (London: Groombridge and Sons, 1870), pp. 57-60.

²⁸ John Hughes Bennett, *Physiology as a Branch of General Education and of Natural Science for Students in Arts. An Address Delivered to the Royal Medical Society of Edinburgh, November 6 1868*, (Edinburgh: Edmonston and Douglas, 1869), p. 19.

²⁹ For work on the professionalisation of medicine in the nineteenth century see M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London*, (Berkeley, London: University of California Press, 1978); Ivan Waddington, *The Medical Profession in the Industrial Revolution*, (Dublin: Gill and MacMillan Humanities Press, 1984); N. Parry and J. Parry, *The Rise of the Medical Profession*, (London: Croom Helm, 1976); Charles Newman, *The*

could be enthusiastically endorsed by the medical profession, therefore, they had to be seen to have a firm and coherent grounding in science. This is not to suggest that medicine before this time was unscientific. In the early nineteenth-century, however, academic medical physiology explained bodily function, but could offer little more to therapeutic practice.³⁰ By the mid to late nineteenth-century the development of laboratory science - the empirical testing of scientific theories through observation and experiment - and the application of the fruits of this research to medical theory and practice, was being enthusiastically taken up by the medical profession.

There has been much historical debate on the relationship between science and medicine during this period, on the impact of science on therapeutic methods; and on the reasons for the acceptance of laboratory science as the basis of medical theory and practice.³¹ Generally, it is regarded that science had little impact on the efficacy of medical therapeutics in the mid to late nineteenth-century. Instead, more pragmatic concerns were at the heart of the increasing emphasis on the importance of laboratory science by the medical profession: the desire to possess an esoteric form of knowledge which could only be understood and interpreted by the trained professional. In this way, rather than improve their skills as healers, science instead provided the medical profession with a powerful rhetorical tool.³² By the later nineteenth century a body of effective therapeutic techniques, such as anaesthetics and antisepsis, had also been developed which practitioners and clinicians could use, thereby strengthening their claims to professional legitimacy. Furthermore, by the 1880s, developments in other medical related disciplines, such as chemistry and bacteriology, gave the

Evolution of Medical Education in the Nineteenth Century, (Oxford: Oxford university Press, 1957).

³⁰ John Harley Warner, 'Ideals of Science and their Discontents in Late Nineteenth-Century American Medicine', *Isis* 82 (1991): 424-478, p. 457

³¹ See Warner, op. cit. (n. 2); idem, 'The History of Science and the Sciences of Medicine', *Osiris* 10 (1995): 164-193; idem, 'Physiological Theory and Therapeutic Explanation in the 1860s: The British Debate on the Medical Use of Alcohol', *Bulletin of the History of Medicine* 54 (1980): 325-257.

³² S. E. D. Shortt, 'Physicians, Science and Status: Issues in the Professionalisation of Anglo-American Medicine in the Nineteenth-Century', *Medical History* 27 (1983): 51-68, p. 60. See also Gerald L. Geison, 'Divided We Stand: Physiologists and Clinicians in the American Context', in Morris Vogel and Charles Rosenberg (eds.), *The Therapeutic Revolution*, (Pennsylvania: University of Pennsylvania Press, 1979), pp. 67-90.

profession added scientific status. Old techniques and 'heroic' therapies, such as blistering, bloodletting, puking and purging, were rejected as scientific physiological research gave insight into the functioning of the human body which demonstrated the futility of such efforts.³³ For John Hughes Bennett in particular, Warner has argued that

the relationship among scientific knowledge, medical theory and clinical practice were clear. He believed that scientific knowledge and the theory elaborated from it were useful guides to the improvement of medical practice. Theory generated in the laboratory played more than merely legitimising and explanatory bedside roles: science was a fruitful participant in the construction of therapeutic models and an admissible test of therapeutic practices.³⁴

Edmund Parkes, one of the foremost authorities on the subject in the 1880s and 1890s, observed that although the traditional categories of hygiene were still important, it was the application of the principles and discoveries of scientific physiology which enabled hygiene to "acquire a scientific basis".³⁵ In this way, the medical profession's perceptions of hygiene, although based on traditional tenets, were firmly grounded in the new and emerging science of physiology, the "discoveries" of which, argued Parkes, must be applied with the ultimate aim of attaining "a perfect system of hygienic rules". Such

³³ It has been argued that such 'heroic' therapies were continued, despite the realisation that they were ineffective, as alternative forms of treatment had yet to be discovered and the profession did not want to be exposed as not knowing what to do when faced with illness and disease. See Warner, 'Therapeutic Explanation', op. cit. (n. 2). Although a generation ago medical historians saw the emergence of experimental science as something which improved therapeutics and benefited the patient, more recent historiography has challenged this assumption, and argued that the main beneficiaries of developments in medical science were the doctors, who "used science as a tool of collective professional advancement and as an aid to achieving a virtual monopoly in health care". See Bynum, op. cit. (n.2), pp. 118-141, p. 118. Others, such as Thomas McKeown, have argued that in the nineteenth and early twentieth century, advances in medicine did little to prolong life expectancy, or to diminish mortality. Thomas McKeown, *The Modern Rise of Population*, (New York: Academic press, 1976) and idem., *The Role of Medicine: Dream, Mirage or Nemesis?* (Princeton, N.J.: Princeton University Press, 1979). John Harley Warner has considered many of the arguments for and against the impact of science on medicine in his article 'Science in Medicine', op. cit. (n. 71), and concludes that "the common message of these diverse critiques was that there is no simple correlation between increased scientific knowledge in medicine and better health care". Ibid, p. 40.

³⁴ Warner, 'Therapeutic Explanation', op. cit. (n. 2), p. 247.

³⁵ Parkes, op. cit. (n. 9), p. xvi.

a system would, in turn, render "disease ... impossible".³⁶ By 1868, therefore, it was with professional confidence (and no taint of quackery³⁷) that the London physician John Call Dalton linked hygiene with physiology, and stressed its importance to the public at large:

by understanding the natural actions of our bodies and how they are maintained in a healthy condition, we are enabled to avoid injuring them by improper treatment ... or exposing them to debility and disease ... The knowledge of the mode in which health is to be maintained ... constitutes the science of hygiene. The study of physiology, therefore, leads directly to that of hygiene, and the two are necessarily associated with each other.³⁸

In addition to this, "a rising - indeed, persuasive - Victorian middle class concern for matters of health provided the necessary intellectual environment" for the success of this appeal to science.³⁹ Edinburgh was no exception to this popular obsession with health, possessing "many societies and institutions tending ... to educate the people as to what is needed for securing their health and happiness".⁴⁰ The Edinburgh Health Lectures for the People, for example, which were given in the city throughout the 1880s, were mostly delivered by eminent medical men, often from the University, Extra Mural Medical School or Royal Infirmary. Drs. John Halliday Croom, Claud Muirhead, William Turner and Argyll Robertson all lectured at

³⁶ Ibid.

³⁷ Such judgements had befallen the Combes and their brand of popular science by the 1860s. See Cooter, op. cit. (n.14), pp. 256-259.

³⁸ John Call Dalton, *A Treatise on Physiology and Hygiene*, (London: Samson, Low, Son and Marston, 1868), pp. xiii-xiv. An indication of the growing importance of hygiene during the latter third of the nineteenth century is the inclusion of the term in the *Encyclopaedia Britannica* from the mid 1870s. The mid-century edition of the *Encyclopaedia Britannica* (8th edition, 1858) contains an extensive section devoted to physiology - written by John Hughes Bennett - but no entry is included for hygiene. The 9th edition, however, for 1875-81, contains a considerable section on hygiene and hygienic practices. See 'Physiology', *Encyclopaedia Britannica*, 8th Edition, vol. xvii, (Edinburgh: Adam and Charles Black, 1859), pp. 648-703; and 'Physiology', *Encyclopaedia Britannica*, 9th Edition, vol. xvii, (Edinburgh: Adam and Charles Black, 1885), 8-63; and 'Hygiene', ibid, vol. xii, pp. 566-569.

³⁹ Shortt, op. cit. (n. 32), p. 63. See also Bruce Haley, *The Healthy Body and Victorian Culture*, (Cambridge, Mass. and London: Harvard University Press, 1978), chapter 1.

⁴⁰ James Gowan (architect), *The Maintenance of the Health of the People and the Beauty of Our City*, (Edinburgh: James Turner and Co., 1885).

the Edinburgh Health Society in the winter of 1882-1883.⁴¹ James Gowan also refers to the "Sanitary Protection Association ... the winter Health Lectures ... a Vigilance Committee", which aimed at "pointing out sanitary and other defects in houses"; an anonymous body of "public spirited citizens who are steadily investigating the problems of improved dwellings for the very poor"; the "Health Committee of the Town Council"; and the "Guildry Court, [whose] members are most earnest and active in controlling matters that pertain to the health of the citizens". All of these bodies operated in the city of Edinburgh in the mid to late nineteenth-century in addition to the vast number of medical charities, hospitals and dispensaries which the city was home to.⁴²

It was in this overall context that areas of expertise, such as the general health of the individual, which had formerly been accessible to, and interpreted by, the layman were appropriated by the medical profession and redefined as areas of knowledge which could only be translated and understood by the trained specialist.⁴³ In this same period, the arguments concerning the importance of physiological knowledge for women re-surfaced, this time in support of the need for women doctors. With the dissemination of medical knowledge becoming increasingly unacceptable to Victorian audiences unless it carried the weight of a doctor's authority and expertise,⁴⁴ it became possible to argue that there was a need for medically trained women to impart the principles of physiology and hygiene to women

⁴¹ Edinburgh Health Society, *Health Lectures for the People*, 2 vols., (Edinburgh: MacNiven and Wallace, 1883). See also Edinburgh Health Society, *Health Lectures for the People*, (Edinburgh: MacNiven and Wallace, 1882, 1884 and 1886). The Sanitary Protection Association was also made up of Edinburgh's most eminent medical men. See Edinburgh Health Society, *Health Lectures for the People, 1884-5*, (Edinburgh: MacNiven and Wallace, 1885), endnotes.

⁴² Gowan, op. cit. (n. 40). For a list of the medical charities, hospitals and dispensaries which existed in Edinburgh in this period, see chapter 1.

⁴³ Shortt, op. cit. (n. 32), p. 63. Peterson argues that this increase in scientific status meant that doctors gained prestige not because they could necessarily treat illness and disease more effectively, but because they could use the rhetoric and authority of science to describe and explain convincingly. See Peterson, op. cit. (n. 29), p. 286. Steven Novak explains a similar process at work in the rise of the English public health doctors, See Steven J. Novak, 'Professionalisation and Bureaucracy: English Doctors and the Victorian Public Health Administration', *Journal of Social History* 6 (1973): 440-462.

⁴⁴ John Harley Warner, 'The History of Science and the Sciences of Medicine', *Osiris* 19 (1995): 164-193, p. 169.

at large. That the health and well being of women and children, and of the family in general, was seen as the Natural constituency of women physicians only added weight to these arguments.

This emphasis on physiology as a branch of women's medical education has received little attention from historians, yet the subject has much to tell us about the means by which women were able to gain access to the medical profession. It also sheds some light on the direction which many of the first generation of medical women took in their careers and their methods of practice. In the medical school of Edinburgh University, the principles of hygiene and their effect on the health of the body, remained influential in medical theory and practice throughout the nineteenth-century. This emphasis on the importance of the principles of hygiene, especially of diet and regimen, formed a unique way of looking at the body, its diseases and their diagnosis and treatment, which the medical women were able to take advantage of in their arguments to enter the profession.

3. John Hughes Bennett, Physiology and The Institutes of Medicine

One of the medical women's most dedicated supporters was John Hughes Bennett, Professor of the Institutes of Medicine at Edinburgh University. Before looking at Bennett's views concerning the importance of physiology for women, however, it is first necessary to understand what is meant by the Institutes of Medicine, how Bennett perceived the subject and its role in medical education and practice, and its special significance for women physicians.

Throughout the first two thirds of the nineteenth century academic anatomy and physiology had a number of common characteristics. In

England, as practical anatomy and histology, physiology was generally accorded the status of a sub-discipline to anatomy. As the century progressed, it was developed to rely increasingly on experimentation and research in the laboratory, and was more and more accorded its own individual status in the medical curricula of the English universities.⁴⁵ In Scotland, however, physiology came under the rubric of the Institutes of Medicine. The Institutes was the discipline which took account of the action and interaction of the different body parts and organs; the functions of the body in health and in disease; its responses to different external and internal conditions and the actions of different drugs and remedies on different sites of disease, or on the body as a whole. It was during John Hughes Bennett's tenure as Professor of the Institutes (1848 - 1874) that physiology began to be developed as a laboratory-based discipline in Britain.

After graduating MD from Edinburgh in 1837, Bennett had travelled to France, spending two years in Paris and devoting himself to studying the use of the microscope and to clinical work in hospitals. He also studied in Germany, observing the teaching and practice of experimental physiology and the use of scientific techniques in the laboratory. Inspired by the continental methods of teaching and research,⁴⁶ under Bennett the study and practise of the Institutes increasingly became laboratory-oriented; though he made sure that it was still clearly based on practical, clinical experience as much as on laboratory research.⁴⁷ Under Bennett's guidance the Institutes

⁴⁵ Early physiology textbooks reveal how closely the two disciplines were related. On this subject, see W.J. O'Connor, *Founders of British Physiology: A Biographical Dictionary, 1820-1870*, op. cit. (n. 3), pp. 28-34.

⁴⁶ As professor of the Institutes of Medicine at Edinburgh University, Bennett's lectures were filled with references to the continental masters of physiology: Du Bois-Raymond, Virchow, Schwann and Bernard. See Bennett's lecture notes 1848-74, Bennett Papers, Edinburgh University Library. For a succinct overview of the development of physiology in France and Germany during the nineteenth century see W.F. Bynum, op. cit. (n. 2), pp. 92-118 and pp. 168-173. More detailed studies can be found in Timothy Lenoir, 'Laboratories, Medicine and Public Life in Germany, 1830-1849: Ideological Roots of the Institutional Revolution', in Cunningham and Williams, op. cit. (n. 2), pp. 14-71; and William Coleman, 'The Cognitive Basis of the Discipline of Claude Bernard on Physiology', *Isis* 76 (1985): 49-70.

⁴⁷ Again following the Continental example, Bennett was dedicated to the development of the laboratory as the fount of physiological knowledge. Although he had recognised the importance of instruction in practical physiology for students in the 1840s, it was not until 1859 that he was able to obtain the money to set up a laboratory and instrument

appropriated the emerging science of physiology, but continued to emphasise its relevance to clinical teaching, with the Professor dealing with patients and demonstrating to the students the practical application of physiological knowledge.⁴⁸ Rather than being wholly confined to the physiology laboratory, at Edinburgh physiology was taught "by constant references to the sciences of pathology and therapeutics",⁴⁹ and the professor of the Institutes was expected to be an accomplished physician and pathologist, as well as a skilled physiologist.⁵⁰ Despite his emphasis on the importance of the experiments carried out in the laboratory, therefore, Bennett was determined that the Institutes of Medicine maintain its practical basis, and was known to have "a mortal antipathy to the new-fangled name, 'physiology'".⁵¹

In popular use, there was a close connection between descriptive physiology and prescriptive hygienic rules. Academic physiology, as Bennett perceived it, mirrored these concerns, being directly concerned with the efficient functioning of the body in the service of health and well being. Along with his devotion to the development of the laboratory as the seat of physiological inquiry, therefore, Bennett remained committed to the importance of clinical experience in medical education and the application of

room. *Lancet* ii (1874): 534. For a discussion of the causes and consequences of the development of science and medicine at Edinburgh University in the nineteenth century, see J. B. Morrell, 'The Patronage of Mid-Victorian Science in the University of Edinburgh', in G. L'E. Turner (ed.), *The Patronage of Science in the Nineteenth Century*, (Leyden: Noordhoff International Publishing, 1976). The notorious poverty of Edinburgh University prevented the adequate development of laboratory facilities, and such was his dedication to the new continental methods that in 1869 Bennett reported spending "upwards [of] £750 ... out of my own resources during the last twenty years". In that year alone he spent £195 of his own money on the physiology laboratory in the medical faculty "in order that the science of physiology might be taught in a manner worthy of the university". The poverty of Edinburgh University prevented more than £25 per year being available for the maintenance of the physiology laboratory. Report of the Professor of the Institutes of Medicine on the physiology museum, Edinburgh University Senatus Academicus Draft Minutes and Papers, 30th January 1869.

⁴⁸ O'Connor, op. cit. (n. 3), p. 95. By this system, argues O'Connor, "physiology in Scotland was not subservient to anatomy, as it was in England before 1870". Ibid, p. 94.

⁴⁹ John M'Kendrick, 'Obituary of John Hughes Bennett', *Edinburgh Medical Journal* 21 (1875): 466-474, p. 470.

⁵⁰ Indeed, Bennett had been pathologist to the Royal Infirmary of Edinburgh from 1842 until his appointment as professor six years later. Ibid, p. 468.

⁵¹ George Skelton Stephenson ['Alisma'], *Reminiscences of a Student's Life at Edinburgh in the Seventies*, (Edinburgh: Oliver and Boyd, 1918), p. 71.

physiology to medical practice. Although lecturing on the importance of the microscope in the laboratory,⁵² for instance, he was also an advocate of its use "as a means of diagnosis at the bedside".⁵³ The use of the microscope, observed Bennett in his lectures on physiology, was crucial for the development of sound medical "reasonings", as its use "clear[ed] away many of those difficulties and impediments which formerly obstructed... progress" in "the art of physic".⁵⁴ He also stressed the value of scientific enquiry, hands-on experience and the importance of the students discovering for themselves, as the best method of gaining a thorough medical education. To make practical use of physiological knowledge, he declared, its study must be accompanied by clinical instruction and observation, and "for this purpose you must visit hospitals and attend dispensaries, and hunt for opportunities of observing the sick at the bedside".⁵⁵ Indeed, as a candidate for the Chair of Practice of Physic at Edinburgh in 1855, Bennett stated that he had "ever considered a thorough knowledge of the science of medicine as the best introduction to its exercise as an art".⁵⁶ M'Kendrick observed that Bennett was convinced of the importance of this throughout his tenure as professor of the Institutes, and "in his later years ... viewed with regret the tendency to divorce physiology from its practical relation to the wants of the profession".⁵⁷

Bennett was one of the main advocates in Edinburgh of the use of

⁵² Lecture notes on practical physiology, 1848-1874, Bennett Papers, Edinburgh University Library.

⁵³ *Edinburgh University Calendar*, course outline for practical physiology, 1869-1870, (Edinburgh, James Thin, 1869), p. 175.

⁵⁴ Bennett Papers, 1848-1874.

⁵⁵ *Ibid.*

⁵⁶ M'Kendrick, *op. cit.* (n. 49), p. 471. See also *idem*, *John Hughes Bennett*, (Edinburgh: Oliver and Boyd, 1875); 'Obituary of John Hughes Bennett', *British Medical Journal* 2 (1875): 473-478; 'Dr. Hughes Bennett', *British Medical Journal* 1 (1875): 244; Michael Barfoot, 'The Body Politic: Bennett's Edinburgh Career, 1848-1875', unpublished paper; John D. Comrie, *History of Scottish Medicine* vol. I, (London: Bailliere, Tindall and Cox, 1952), pp. 609-610; W.J. O'Connor, *Founders of British Physiology*, *op. cit.* (n. 3), pp. 95-98.

⁵⁷ M'Kendrick, *op. cit.* (n. 49), p. 470. O'Connor remarks that Bennett was important as a founder of physiology because he introduced the teaching of physiology in Scotland. Glasgow did not have any teaching of experimental physiology until M'Kendrick obtained the chair in 1875; similarly Aberdeen, with the appointment of Stirling in 1877. Both had been Bennett's assistants in the 1870s. O'Connor, *Founders of British Physiology*, *op. cit.* (n. 3), pp. 95-96.

science and the laboratory in medicine as tools for aiding therapeutic technique. He sought the introduction of laboratory science into the professional understanding of physiology as an aid to the construction of therapeutic theory.⁵⁸ However, this did not mean that the hygienic aspects of the discipline were abandoned as un-scientific. Clearly, Bennett understood the application of physiology and physiological principles in the service of the prevention and cure of illness and disease and the preservation of good health to be the true goals of medical science. Thus he did not abandon the more traditional physiological discourse on the laws of health, but appropriated it into academic physiology, and claimed for it a firm grounding in laboratory science. During his tenure as the professor of the Institutes, the understanding of physiology as hygiene was an important aspect of the practicalities of medicine. In this way, at Edinburgh University, Victorian perceptions of hygiene, although based on traditional tenets, came to be firmly grounded in the science of physiology.⁵⁹ Indeed, Bennett emphasised this in his Address to the Royal Medical Society of Edinburgh in 1868, his Graduation Address to Edinburgh University Medical Faculty in 1871, and his Introductory Lecture to the physiology class for ladies in 1871.⁶⁰

The dual nature of the Institutes of Medicine under Bennett - as a laboratory based science, as well as a discipline which could be used in clinical practice for the prevention, diagnosis and treatment of certain illnesses - was seized on by the medical women. It provided them with the opportunity to emphasise and appropriate an aspect of medicine - hygiene - which they could argue was especially suited to women physicians. Furthermore, the shift in the physiology paradigm meant that an area of medical expertise - the practical application of physiological knowledge in the form of hygiene - which, from the late 1870s, male doctors increasingly marginalised in their rush for the laboratory, was open to colonisation by the new generation of medical women.

In November 1868, John Hughes Bennett delivered an address to the Royal Medical Society of Edinburgh. He advocated the inclusion of

⁵⁸ Warner, 'Therapeutic Explanation', *op. cit.* (n. 2), pp. 247-248.

⁵⁹ Parkes, *op. cit.* (n. 9), pp. xv-xvi.

⁶⁰ Bennett, *op. cit.* (n. 4, n. 27, n. 28).

physiology in the arts curriculum at the University, and its importance for education in general. Physiology, he suggested, was not simply of benefit to those who were studying for the medical degree.⁶¹ It was on the subject of the education of women that he made his most interesting remarks.⁶² "Much is being said about female education", wrote Bennett, little suspecting how much more was going to be said about it in Edinburgh over the following five years. "Here physiology would be of the greatest advantage not only to the comfort, but also to the happiness, and real welfare, of society".⁶³ He went on to outline what he considered to be the most important aspects of women's social and domestic duties and, echoing Combe, the importance of a knowledge of physiology if they were to fulfil these duties properly. Indeed, his opinions on this matter were consonant with those arguments for the scientific education of women which had prevailed in the Enlightenment period, and which had been commonplace in the city fifty years previously.⁶⁴ Expressing these views on the eve of the women's campaign to enter the medical faculty of Edinburgh University, Bennett was to emerge as one of the keenest supporters of the medical women, and their most valuable ally in the medical faculty itself.

The importance of individuals in women's struggle for medical education has been stressed elsewhere,⁶⁵ and was remarked upon by Sophia Jex-Blake herself with regard to influential supporters, such as Sir James Young Simpson, and antagonists, such as Sir Robert Christison.⁶⁶ John Hughes Bennett was also a significant character in the struggle, though his contribution is often overlooked. As the women's most vocal and uncompromising supporter within the medical faculty, Bennett gave them lectures on physiology and practical physiology - despite the opposition of

⁶¹ Bennett, op. cit., (n. 28).

⁶² Although in the context of the above discussion on popular physiology in Edinburgh in the 1830s Bennett's views do not seem at all radical, it is worth noting that at this point he was not addressing the general public on this matter, but was facing a highly respected professional body, whose opinions on the subject of women's education, especially with regard to their acquisition of medical knowledge, were to prove less than open-minded.

⁶³ Bennett, op. cit. (n. 27), p. 18.

⁶⁴ See chapter 1.

⁶⁵ Elston, op. cit. (n. 1), p. 127.

⁶⁶ With reference to Simpson, see Sophia Jex-Blake, letter to *The Times*, 4th September, 1873; on Christison, see Jex-Blake, op. cit. (n. 1), p. 75.

his colleagues - and spoke out in their favour in the University Senate meetings, Medical Faculty meetings and in newspapers and journals.⁶⁷ An opinionated man, Bennett did not hesitate to air his views if he had a point to make, regardless of whether he might be insulting or offending his colleagues.⁶⁸ John M'Kendrick, Bennett's assistant in the early 1870s, who taught the women's class of physiology on Bennett's behalf in 1871 and 1872,⁶⁹ described him as a man whose

tendency to indulge freely in critical and sarcastic remarks upon the work of others did not make him a general favourite with some of his professional brethren. He was too much of a reformer, too pronounced and outspoken in his opinions ... and his relations with many men ... were often antagonistic.⁷⁰

The professor of the Institutes of Medicine was a controversial ally for the women medical students. Indeed, his support for them was not

⁶⁷ See, for example, Bennett, op. cit. (n. 4), pp. 73-74; *The Englishwomen's Review* (1871): 35; University of Edinburgh Court Minute Book, vol. 1, 1859-1870, pp. 489, 491, 492, 516, 517, 468-488; University of Edinburgh Court Minutes, vol. II: 1871-1880, pp. 31, 42. Initially, however, Bennett was luke-warm about the medical women. Jex-Blake recorded that she had approached him in 1869, and that at this time he had "declared himself tired of fighting against Syme and Christison, but will, I think, do it [vote in favour of the medical women]. He railed at them [Syme and Christison] most of the time. Did not see the need for women doctors, but acknowledged their possible value as assistant physiologists". Todd, op. cit. (n. 1), p. 236.

⁶⁸ In 1868, for example, Bennett wrote an "extremely offensive" letter to the *British Medical Journal*, condemning his colleague James Syme, professor of Clinical Surgery, for incompetence. See University of Edinburgh Court Minute Book (signed), Vol. 1 (1859-70), 22nd May, 1868. Furthermore, between October 1867 and March 1868 Bennett began a prolonged campaign of hostility and complaint towards William Turner, professor of anatomy, accusing Turner of "interfering" with and encroaching on subjects pertaining to the Institutes of Medicine in his anatomy lectures. See University of Edinburgh Court Minute Book (signed), vol. 1 (1859-1870), p. 294, 296, 308, 320, 330, 332. For a discussion of why it was so important for professors in the medical faculty to make clear distinctions between their individual areas of expertise, see Morrell, op. cit. (47). For a discussion of the less pleasant aspects of Bennett's character, see M. Barfoot, op. cit. (n. 56).

⁶⁹ Not only did M'Kendrick lecture to the medical women in the early 1870s, he also lectured in physiology to a class of "one hundred and fifty ladies at two guineas a head" at the Edinburgh Veterinary College after the appointment of Rutherford to Bennett's post in 1875. Clearly, an interest in the education of women was still a fairly lucrative business. See Robert Bayliss, 'John Gray M'Kendrick, Physiologist (1841-1926)', *Medical History* 17 (1973): 288-303, especially pp. 289-290; John Gray M'Kendrick, *The Story of My Life*, (Aberdeen, 1919), p. 87 and p. 91.

⁷⁰ M'Kendrick, op. cit. (n. 49), p. 474.

without certain less honourable motives. For example, he made no secret of the fact that he was excited by the amount of money which could be earned from teaching medical women, as they were invariably charged more than the men due to the inconvenience to the lecturers of having to teach the same course twice to separate classes. Although his support was acknowledged by Jex-Blake, therefore, he was also criticised by her for his self-interested pecuniary motives in doing so.⁷¹ Despite these reservations, with an international reputation as one of Britain's most innovative physiologists, Bennett's avowal of the importance of physiology for women, and his consistent support of the female medical students in Edinburgh, was important in providing academic and professional weight to their cause, and in confirming, and shaping, their ideas as to the role female physicians could play in the medical profession.

One of the principal aims of physiological knowledge was to assist in "the preservation and duration of human life".⁷² In terms of their role as mothers, wives, and the guardians of domestic harmony, women, Bennett suggested, had "more to do with th[is]... even than men"⁷³ and, thus, had much to gain from a sound knowledge of the principles of physiology.⁷⁴ It

⁷¹ Jex-Blake, op. cit. (n. 1), p. 120-21.

⁷² Bennett, op. cit. (n. 27), p. 28.

⁷³ Ibid.

⁷⁴ Most of the scholarship which deals with women's involvement with physiology looks at the American experience, and is concerned with the relationship between popular physiological societies and the health reform movement of the mid to late nineteenth century. However, the studies cited below offer some valuable insights into the importance of physiology for women on a professional, as well as on a popular level. Toby A. Appel, 'Physiology in American Women's Colleges: The Rise and Decline of a Female Subculture', *Isis* 85 (1994): 26-56, is one of the few works which looks at women's involvement with physiology in a professional capacity. Martha H. Verbrugge, *Able-Bodied Womanhood: Personal Hygiene and Social Change in Nineteenth Century Boston*, (Oxford, New York: Oxford University Press, 1988), pp. 97-138; Martha H. Verbrugge, 'The Social Meaning of Personal Health: The Ladies' Physiological Institute of Boston and Vicinity in the 1850s', in Susan Reverby and David Rosner (eds.), *Health Care in America: Essays in Social History*, (Philadelphia: Temple University Press, 1979), pp. 45-66; Regina Markell Morantz, 'Nineteenth-Century Health Reform and Women: A Program of Self-Help', in Guenter B. Risse, Ronald L. Numbers and Judith Waltzer Leavitt (eds.), *Medicine Without Doctors: Home Health Care in American History*, (New York: Science History Publications, 1977), pp. 73-93; Regina Markell Morantz, 'Making Women Modern: Middle Class Women and Health Reform in Nineteenth-Century America', *Journal of Social History* 10 (1977): 490-507, all deal with women's involvement with physiology as an aspect of health reform in America; Regina Markell Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*,

was reasoning such as this (his more vulgar financial incentives were not so widely publicised) which Bennett used to justify his class of “Physiology, or the Laws Regulating Human Health” which he began “for ladies” in 1871.⁷⁵ The majority of those women who attended were not medical students, but were members of the Edinburgh Ladies Education Association, who were attending out of interest, and in support of the medical women in order to keep the costs of the course down.⁷⁶ The ladies classes included “histology, chemistry, the physical and vital properties of tissues”, and the “two great functions of nutrition and enervation [sic]”.⁷⁷ “Of the subjects included under these heads”, declared Bennett, “it is impossible to over-rate their importance, in reference to the health and happiness of man, his physical and moral welfare, his social relations, his natural resources and the prosperity of his race”.⁷⁸

Bennett went on to expand upon the reasons which he had outlined in 1868 for the importance of such knowledge for women. It was especially

(Oxford, New York: Oxford University Press, 1987), especially pp. 28-64, is an excellent study which looks at the links between women's access to the medical profession in the United States and their involvement with popular physiology and the health reform movement.

⁷⁵ Bennett, op. cit. (n. 4) pp. 73-4; Bennett had also lectured to the medical women on physiology in 1869: University of Edinburgh Court Minute Book, vol. 1 (1859-70), Monday, 22nd November, 1869, p. 492; Isabel Thorne, ‘Medical Education for Women in London and Edinburgh c.1870. Described by Mrs. Isabel Jane Thorne’, unpublished manuscript, c. 1870, pp. 38-42. Due to ill-health, however, his assistant, John M’Kendrick, was given the task of lecturing to the physiology class for ladies in the 1871-2 session. See Edinburgh University Matriculation Registers, Ladies Class of Practical Physiology, 6th March, 1871; and Matriculation Registers, Institutes of Medicine, Ladies Class, 6th March 1872. M’Kendrick also gave lectures on physiology for nurses in the mid 1870s, see ‘Nursing in the Edinburgh Infirmary’, *Edinburgh Medical Journal* 21 (1876): 929-933, p. 931.

⁷⁶ See University of Edinburgh Matriculation Registers, Session 1871-2, Institutes of Medicine: Ladies Class, 6th March, 1872. The non-medical women were allowed to matriculate as medical students for the purposes of attending the classes of physiology and chemistry, University Court Draft Minutes and Relative Papers: Letter from John Hughes Bennett to the University Court, December 20th, 1871. The importance of the support and encouragement of a group of like minded women for the endurance and ultimate success of the medical women has been discussed in chapter 1 above.

⁷⁷ Bennett, op. cit. (n. 4), p. 73. Those women who were not studying for the medical degree were permitted to attend only those aspects of the physiology curriculum which dealt with the nutritional and nervous functions. See Edinburgh University Draft Minutes and Relative Papers, 22nd November, 1869. The medical women in the group were also taught reproduction.

⁷⁸ Bennett, op. cit. (n. 4), p. 73.

crucial for mothers, he argued, as people did not instinctively know how to look after an infant, but had to be taught. Infant mortality, which remained high throughout the nineteenth century was, he went on, unquestionably linked to "neglect" of infants, "want of proper food and clothing ... cleanliness ... fresh air ... and other preventable causes". The death of an infant was, "attributable in nine cases out of ten to the gross ignorance of those mothers of the laws which govern the life of the child".⁷⁹ Not only as mothers, but as the "wives and regulators of domestic households", the ignorance of women as to the laws of physiology with regard to "ventilation... clothing... cleanliness" and nutrition was "constantly leading to unhappiness, ill-health and death".⁸⁰

He pointed out that lack of physiological knowledge also led women to abuse their bodies, torturing themselves with fashionable clothing: "tight lacing, naked shoulders, thin shoes and other carelessnesses so subvertive to health".⁸¹ Furthermore, and of the utmost importance, "the great object of marriage" - the bearing and rearing of children - demanded for its success a clear understanding of physiological principles. Women's other traditional domestic functions, such as the preparation of food, "on which so much depends", could also be carried out more safely and efficiently under the guidance of this knowledge; whilst nursing the sick, "one of women's most holy occupations", could be entered into far more successfully and intelligently if they understood the fundamental principles of physiology.

Furthermore, women's lack of understanding of the laws of health was also deemed to be responsible for the immoral and unsociable behaviour of their husbands. Working class women especially were to be blamed for the violence and debauchery of their menfolk. "It is all too frequently the improvidence and ignorance of the women which leads to the intemperance of the men", explained Bennett, "from which originates half the vice and crime known to our police officers".⁸² A weighty burden for woman indeed. By implication, however, a sound knowledge of the laws of physiology

⁷⁹ Ibid.

⁸⁰ Ibid.

⁸¹ Bennett, *op. cit.* (n. 27), p. 18.

⁸² Bennett, *op. cit.* (n. 4), pp. 73-4.

would equip her to maintain the moral and physical health of her husband and children. As part of women's domestic function was to serve as models and teachers of sound and wholesome living for those who were to enter the public world, it was clear that the application of hygienic principles in the family would, ultimately, help to secure the moral regeneration of society as a whole.

Finally, a knowledge of the processes and functions of the human body was perceived to serve the health needs of women in general. Regarded as facing unique physiological problems throughout their lives, their bodies were perceived to be frail, and subject to a whole host of physical and nervous illnesses, ailments and disorders, sometimes lasting a life time, and often connected to their reproductive function. Knowledge of the laws of physiology would enable women not only to understand the biological functions of their own bodies, but would also alert them to the health risks of such things as fashionable clothing, lack of exercise and the debilitating horrors of too much mental and physical activity during menstruation. These, "and other points, too numerous to mention", Bennett concluded, made it "particularly desirable that women should be taught the general doctrines of physiology".⁸³ The significance of physiology for women, therefore, could not be underestimated. Indeed,

so strong are my convictions on this subject, [he declared] that I esteem it a special duty to lecture on physiology to women, and whenever I have done so, have found them most attentive and interested in the subject, possessing indeed a peculiar aptitude for the study, and an instinctive feeling ... that that science contains for them ... the elements of real and useful knowledge.⁸⁴

Bennett's emphasis on the importance of physiology for women was an extension of his concern with the direct application of the subject to clinical practice and to every-day health and well-being. Yet this was not to say that the role or prestige of the doctor would be diminished by the spread of physiological knowledge amongst the public at large. Rather, the doctor

⁸³ Bennett, op. cit. (n. 27), pp. 18-19.

⁸⁴ Bennett, op. cit. (n. 4), p. 74.

had a key role to play in the dissemination of this knowledge and in seeing to its sound application. In a graduation address to the Medical faculty in 1871, Bennett stressed that one of the duties of the doctor was to enlighten the public in general as to the "laws of health". "There is no subject of which the public are so ignorant as that of the functions of their own bodies and how to preserve their health", he observed, and "medical graduates ... are requested to aid the educational movement ... for communicating knowledge ... of physiology, or the laws of health, among the people at large".⁸⁵ Clearly then, although the importance of physiological knowledge for the general public was acknowledged, the importance of the physician in dispensing and explaining it was also crucial. As Parkes explained:

the study of the causes of disease is strictly a part of physiology, but it can only be carried out by the practical physician, since an accurate identification of the disease is the first necessary step in the investigation of causes ... the art of hygiene then comes in to form rules which may prevent the cause or render the frame more fitted to bear them.⁸⁶

Thus, not only was a knowledge of physiology particularly valuable to women, but it was also regarded as specialist knowledge which could only be properly communicated by physicians. Who better, therefore, to impart this life saving knowledge to women, than women doctors? As Bennett remarked, "as practitioners, [women] had ... distinct duties in the medical calling to fulfil - duties which the public had a right to see performed".⁸⁷

4. Consumers and Dispensers of Physiological Knowledge: Medical Women and the Social Morality of Hygiene

It has been suggested in chapter 1 above that nineteenth-century feminists addressed the notion of 'separate spheres' in two ways: by using a

⁸⁵ Bennett, op. cit. (n. 27), pp. 2-4.

⁸⁶ Parkes, op. cit. (n. 8), p. xvi.

⁸⁷ *Englishwomen's Review* (1871): 35.

“language of equality”, and a “language of difference”.⁸⁸ The former stressed women’s fitness to compete in public on the same terms as men. This approach was a distinct feature of Jex-Blake’s campaign, and it was well known that she refused to accept a special medical register for women, and insisted that the women be given the same opportunities in education and practice as men. Medical women and men had to “stand on common ground”, she said, and she demanded “a fair field and no favour” in women’s medical education.⁸⁹ However, Rose points out that many nineteenth-century feminists also “took the language and concerns of their so-called private domestic sphere into the public realm” of meetings and campaigns. The perception of women as the agents of morality, for instance, which has also been discussed in the previous chapter, was re-interpreted by feminists such as Francis Power Cobbe and Josephine Butler in the 1860s to argue that women’s presence was also desperately needed in the public sphere in order to bring about the moral regeneration of society.⁹⁰ More specifically, arguments in favour of women physicians were generally couched in terms of how women could best fulfil their traditional womanly duties, feminine interests and skills. Women’s special mission in the public world was seen as an extension of their duties in the private sphere of home and family, namely: to defend women and children against ill-health, dirt and immorality.⁹¹ Without any sense of contradiction, alongside their arguments for equal treatment at the hands of the medical profession, the medical women also used arguments which stressed the importance of women’s unique and special qualities in their campaign for the right to practice as doctors. The arguments concerning the merits of physiology for women were taken up to become part of a feminist “ideology of difference” which stressed that the crucial moral and caring role which women occupied in the private domain must, for the benefit of society, also be expanded to the

⁸⁸ G. Rose, ‘The Struggle for Political Democracy: Emancipation, Gender and Geography,’ *Environment and Planning* 8 (1990): 395-408 op. cit. (n. ?), pp. 395-6.

⁸⁹ Todd, op. cit. (n. 1), p. 262.

⁹⁰ Josephine Butler (ed.), *Women’s Work and Women’s Culture*, (London: Macmillan, 1869).

⁹¹ Jean L’Esperance, ‘Woman’s Mission to Woman: Explorations in the Double Standard and Female Solidarity in Nineteenth Century England’, *Social History (Histoire Sociale)* 12 (1979): 316-338, p. 317.

public sphere. As subsequent chapters of this thesis will illustrate, even once women were able to practice medicine they continued to stress the importance of their feminine qualities in their efforts to create a niche for themselves within the profession.

The importance of prescriptive hygienic rules, as discussed by Bennett and by the medical women, has clear moral implications. As suggested above, implicit in any emphasis on the need for hygienic instruction is the notion that the individual has failed to maintain his or her health due to incorrect personal habits or ignorance. Ill health is the result of personal failure to follow standards of behaviour as prescribed by middle-class professionals. The medical profession, now with the added authority of its esoteric scientific knowledge of the body, could claim to offer the best advice with regard to how to correct one's erroneous or misguided life style. Bennett's observations, as quoted above, which extensively describe the moral short-comings of working class women, clearly suggest that only if such women follow the advice of the trained expert will health be restored and maintained, homes made happy, children robust, husbands content, and "half the vice and crime known to our police officers" dispelled. This was a moral message which the middle class lady medics, as "educated and pure minded women", claimed they were eminently well suited to impart to their "sinning, but suffering sisters" amongst the working class.⁹²

Many of the medical women's arguments built upon those expressed by Bennett. With the experience derived from their traditional domestic role, access to "knowledge of disease and ... the laws by which health may be preserved and restored"⁹³ would mean that women, as physicians, would be especially suited to teaching the practical tenets of family health.⁹⁴ Furthermore, their personal understanding of women's bodies and what was widely held to be their innate sensitivity to the needs of wives, mothers and children, meant that women physicians alone could ask the right questions

⁹² Jex-Blake, op. cit. (n. 1), p. 44.

⁹³ Ibid., p. 6.

⁹⁴ Elizabeth Blackwell, *The Influence of Women in the Profession of Medicine: An Address given at the opening of the London School of Medicine for Women*, (London: George Bell and Sons, 1889), p. 11, p. 28.

and thus provide the best care for this particular constituency: both in terms of treatment, and in the dispensing of advice on matters of health and hygiene. As Jex-Blake observed,

[i]t seems self evident that a woman's most natural adviser would be one of her own sex, who must surely be most able to understand and sympathise with her in times of sickness as well as of health, and who can often more fully appreciate her state, both of mind and body, than any medical man would be likely to do.⁹⁵

It was in the field of preventive medicine, therefore, especially those aspects of it which pertained to a woman's own body, that one of women's primary vocations within the medical profession lay.⁹⁶ Jex-Blake argued that women had already demonstrated that they were more willing to listen to lectures on basic physiology if they were given by a female doctor.

There is reason to hope that women doctors may do even more for the health of their own sex in the way of prevention than of cure [she declared.] Already it is being proved with what eagerness women will attend lectures on physiology and hygiene when delivered to them by a woman, though perhaps not one in ten would go to the same course of lectures if given by a medical man.⁹⁷

The role of the women doctor in terms of preventive medicine through the dispensing of hygienic and physiological knowledge, could not, it was argued, be overestimated. The impact on women's health would be immeasurable. In one of her most personal passages, which it is worth quoting at length, Jex-Blake described the vision:

I look forward to the day when a competent knowledge of these subjects shall be as general among women as it is now rare: and when that day arrives, I trust that the 'poor health' which is now so sadly common in our sex, and which so frequently comes from sheer ignorance of

⁹⁵ Jex-Blake, *op. cit.* (n. 1), p. 48.

⁹⁶ Blackwell described preventive medicine as "the medicine of the future", and stressed the need for women to become involved with it. Blackwell, *op. cit.* (n. 94), p. 31.

⁹⁷ Jex-Blake, *op. cit.* (n. 1), p. 50.

sanitary laws, will become rather the exception than, as now, too often, the rule. I hope that then we shall find far fewer instances of life-long illness entailed on herself by a girl's thoughtless ignorance. I believe we shall see a generation of women far fitter in mind and body to take their share of the work of the world, and that the registrar will have to record a much lower rate of infant mortality, when mothers themselves have learned to know something at least of the elementary laws of health ... I at least shall think it the highest proof of success if women doctors can, in time, succeed in so raising the standard of health among their sister women, that but half the present percentage of medical practitioners are required in comparison to the female population.⁹⁸

This emphasis on the importance of medical women for the maintenance of the health and well-being of women, and thereby of the family and of society, formed one of their most vital and compelling arguments in favour of the need for women physicians.

5. Medical Women, Hygiene and Physiology

After having been finally defeated in Edinburgh in 1873, a number of the medical women travelled down to London and became involved in the establishment of a medical school for women in the capital. Sophia Jex-Blake, Edith Pechey and Isabel Thorne, who had been three of the original medical women in Edinburgh, were all involved in the foundation of the London School of Medicine for Women (LSMW): Jex-Blake and Pechey as lecturers and Thorne as Secretary. The School's connection with Edinburgh medical women was clear in this early period, with 12 of the first 14 students who enrolled there in October of 1874 having already studied medicine in Edinburgh.⁹⁹

The notion that hygiene was a branch of medicine especially suited to women physicians, which had formed a part of Jex-Blake's campaigning

⁹⁸ Ibid, pp. 50-51.

⁹⁹ Blake, *op. cit.* (n. 1), p. 168.

rhetoric, was also apparent in the structuring of the curriculum of the London School of Medicine for Women. Although hygiene was to become an aspect of the curriculum in medical schools throughout the country, the LSMW was one of the first to have a specific course devoted to the subject. In 1878, the year in which the first group of medical women gained their MDs, Isabel Thorne, secretary to the School, wrote to the Governors proposing that there were certain aspects of the medical curriculum which it was felt were specifically appropriate for women to teach.¹⁰⁰ The only question over the appointment of women as lecturers at the School was whether it would unfavourably affect "the recognition of the School by the Medical Committee of the University of London".¹⁰¹ Thorne proposed "the election as co-lecturers in the chairs of Midwifery and Diseases of Women and of Forensic Medicine of Dr. Louise Atkins and Dr. Sophia Jex-Blake",¹⁰² as the Executive Council of the School thought there was "a special appropriateness in parts of these Chairs being filled by lady lecturers".¹⁰³ The answer was clearly favourable, as in the Annual Report for 1878 Dr. Atkins was indeed co-lecturer in the Diseases of Women and Children, and Dr. Jex-Blake was co-lecturer, with Dr. Edith Pechey, in Hygiene.¹⁰⁴ Jex-Blake lectured in Hygiene at the LSMW from 1878 to 1891, in which year the subject was affiliated to Forensic Medicine.¹⁰⁵ Under Jex-Blake, subjects which were covered in the course on hygiene included "quality, choice and cooking of food ... diet for infants, adults and sick persons", "water", "soil" and "climates", "personal hygiene - exercise, clothing, occupations, etc.",

¹⁰⁰ It is worth noting that from its foundation in 1874 to 1900, a number of the governing body of the School was made up of eminent physiologists. For example: from 1875, Ray Lankester and John Burdon Sanderson; from 1878, Edward Schafer (who also lectured on physiology at the School from 1878 to 1899); from 1883, John M'Kendrick (who had lectured the medical women on physiology in Edinburgh in the early 1870s when he had been Bennett's assistant); and from 1899, E. H. Starling. LSMW Annual Reports 1875-1901.

¹⁰¹ Isabel Thorne to Mr. Fitch on his election as Governor of the London School of Medicine for Women, February 7th, 1878.

¹⁰² Atkins had attended lectures on physiology for women in Edinburgh in 1872. See Edinburgh University Matriculation Registers, Institutes of Medicine: Ladies Class, 6th March, 1872.

¹⁰³ Isabel Thorne to Mr. Fitch on his election as Governor of the London School of Medicine for Women, February 7th, 1878.

¹⁰⁴ LSMW Annual Report 1878.

¹⁰⁵ LSMW Annual Reports 1878-1891.

"healthy habitation - ventilation ... water supply", "prevention of disease - arrest of contagion ... antiseptics".¹⁰⁶

Inaugural lectures at the London School of Medicine for Women frequently emphasised the importance of the spread of the principles of physiology and hygiene amongst women at large. The women students were encouraged to give public lectures on the subject. In 1888, for example, Eliza Walker Dunbar, who had been one of the Edinburgh medical women,¹⁰⁷ stressed the importance of women doctor's role in the education of women in matters of sanitation and personal health through the medium of informal lectures. "The ignorance of women, especially of the lower classes, regarding sanitary matters demands your attention", she declared "and you can take your share in raising the standard of education by giving easy lectures on physiology and hygiene".¹⁰⁸

A number of the Edinburgh medical women did lecture to women on the subject of health and hygiene, both before and after their graduation. For example, although unqualified and still battling it out in Edinburgh, in 1872 Edith Pechey lectured to the Ladies Education Associations of Leeds, York and Halifax on physiology and the laws of health and hygiene. These lectures were a great success. The *Englishwoman's Review* reported that the number of ladies attending was "larger than any former course of lectures on any subject". Echoing the rhetoric of the medical women themselves, the *Review* went on to declare that

as an excellent course of lectures on physiology had previously been delivered to the ladies of Leeds by an eminent medical man, it seems sufficiently clear that women do prefer

¹⁰⁶ LSMW Annual Reports 1874-1889.

¹⁰⁷ Eliza Walker Dunbar attended Bennett's lectures on physiology in Edinburgh in 1871, though she was not, at this time, a matriculated medical student. Edinburgh University Matriculation Registers, Institutes of Medicine: Ladies Class, 6th March, 1872. She was one of the first women students at the LSMW, graduated from Zurich in 1872, and went on to run a dispensary for women and children in Bristol. Isabel Thorne, *Sketch of the Foundation and Development of the London School of Medicine for Women*, (London: Women's Printing Society, 1915), p. 23.

¹⁰⁸ Inaugural address given by Eliza Walker Dunbar at the London School of Medicine for Women, quoted in *The Lady's Pictorial*, October 13th, 1888, p. 29. Elizabeth Blackwell also spoke of the importance of knowledge of preventive medicine and hygiene for women - as both doctors and patients - in an address to the School in 1889, see Blackwell, op. cit. (n. 94).

to be taught such subjects by women, ... if a competent knowledge of physiology and hygiene is desirable for ladies, we may hope that it will soon be in their power generally to obtain such knowledge from the medical members of their own sex.¹⁰⁹

Frances Hoggan¹¹⁰ also gave lectures on physiology and hygiene in London in 1875,¹¹¹ and Alice Ker¹¹² lectured on personal health and hygiene to the women of the Manchester Ladies Domestic Economy Class in the 1880s. Ker's lectures were published as four pamphlets, and covered the subjects of 'Infancy,' 'Girlhood,' 'Womanhood,' and 'Advanced Womanhood.'¹¹³ The content of each lecture was clearly based on physiology and the principles of hygiene; whilst instructions were given which would (it was hoped) improve the physical and mental health of women and young girls, and direct them as to how best to look after their babies and children. Topics discussed included sleep, diet and nutrition, bathing, constipation, the circulation and pulse, nervous system, mental hygiene, exercise, menstruation and period pains, ventilation, breathing,

¹⁰⁹ *Englishwomen's Review*, n.s. (1872): 132.

¹¹⁰ Hoggan was one of the earliest medical women, she attended Bennett's physiology classes in 1871 and graduated MD in Zurich in 1873. She worked with Elizabeth Garrett Anderson at the New Hospital for Women, but resigned over Garrett Anderson's decision to perform ovariectomies there. Hoggan was active in the anti-vivisection movement, and was a member of the first executive committee of the Victoria Street Society. Edinburgh University Matriculation Registers; Mary Ann Elston, 'Women and Anti-Vivisection in Victorian England, 1870-1900', in Nicolaas A. Rupke, (ed.), *Vivisection in Historical Perspective*, (London and New York: Croom Helm, 1987), pp. 259-294, pp. 277-278. Hoggan was also the author of some pamphlets and articles which deal with the application of the principles of hygiene to the health of women and children, for example, 'Hygienic Requirements of Sick Children', *Union Journal* (1878); 'Swimming and its Relations to the Health of Women', *Union Journal* (1879). See the *Medical Directory* 1880, p. 146.

¹¹¹ *Englishwomen's Review* (1875): 472.

¹¹² Alice Ker also attended Bennett's class of physiology in Edinburgh in 1871 but was not at this point a matriculated medical student. She was one of the first students to enrol at the London School of Medicine for Women in 1874, graduated MD from Berne in 1880, and practised in Leeds and Manchester. In the late 1880s she was working in the Canongate Christian Institute Dispensary in Edinburgh. See Edinburgh University Matriculation Registers; Isabel Thorne, op. cit. (n. 107), p. 23; Sophia Jex-Blake, *Medical Education of Women: A Comprehensive Summary of Present Facilities*, (Edinburgh: National Association for Promoting the Medical Education of Women, 1888), p. 17.

¹¹³ Alice Ker, *Lectures to Women: Manchester Domestic Economy Classes*, I: Infancy and Childhood; II: Girlhood; III: Womanhood., (Manchester and London: John Haywood, 1884).

cleanliness, clothing, childbirth and the correct way to look after an infant according to the laws of physiology and the principles of hygiene. The advice dispensed included such things as descriptions of the horrors of stays and tight lacing; the need for "plenty of stewed fruit" in the diet; "no tea or coffee" owing to the sensitivity of the nervous system; and moral advice concerning the need to avoid "evil" books, "especially those highly flavoured love stories".¹¹⁴ "Women as a rule are certainly less healthy than men", remarked Ker in her lecture on Infancy and Childhood. However, there was "no physiological reason why this should be so ... It is a firm conviction that much, if not most, of this ill health is preventable by means which are accessible to all of us".¹¹⁵ It was the duty of the female doctor, she argued, to impart such knowledge to their fellow women.

As we have seen, Jex-Blake saw hygiene and preventive medicine as among the main areas of women physicians' influence and importance. In 1884 she published a small book - entitled *The Care of Infants: A Manual for Mothers and Nurses*¹¹⁶ - in which the principles of hygiene for the care of infants and children were outlined. Here, following the basic principle that "[p]revention is better than cure",¹¹⁷ Jex-Blake explicitly made the connection between the importance of physiological knowledge and the successful care of babies and young children. This was a message which Combe had preached in the 1830s, and which John Hughes Bennett had emphasised in his lectures on physiology for women in the early 1870s. Aimed at all mothers, but especially those of the "lower classes", the book sought to provide "the most elementary knowledge of an infant's nature and needs", the possession of which, through "the treatment demanded by Nature and common sense", would result in far fewer deaths among babies and infants.¹¹⁸ "The study and practice of medicine seems to me to be divided into two tolerably distinct branches", she observed, "preventive and curative", and although the latter should be left to doctors, "the former

¹¹⁴ Ker, *Lectures to Women II: Girlhood*, op. cit. (n. 113), pp. 4-16.

¹¹⁵ Alice Ker, *Lectures to Women I: Infancy and Childhood*, op. cit. (n. 113), pp. 3-4.

¹¹⁶ Sophia Jex-Blake, *The Care of Infants: A Manual for Mothers and Nurses*, (London: MacMillan and Co., 1884).

¹¹⁷ Ibid., title page.

¹¹⁸ Ibid., pp. ix-x.

should, in my opinion, form an integral part of every system of education which has any pretension to completeness".¹¹⁹

It was Andrew Combe's work, *The Management of Infancy*, to which she referred as hitherto the best authority on the subject of the care of infants and children. Her aim was to simplify and condense this work, the basic message of which was, she argued, a sound one.¹²⁰ Following Combe, Jex-Blake stressed the importance of preventive medicine, not only in the care and maintenance of infant life, but for medical practice in general. "The 'cure' of disease is indeed interesting and important", she wrote, "but I believe that the noblest province of the physician lies in 'prevention', and no detail can be too homely, no contribution too minute, if by such means a single infant life may be spared, or a single mother relieved from cruel and harassing anxiety".¹²¹ Throughout the work, Jex-Blake maintained the importance of hygiene - cleanliness, ventilation, feeding, sleep and moral guidance were all stressed as vital for the health and happiness of mothers and babies. The reader was referred to Parkes¹²² for greater detail on the subject of hygiene, whilst the importance of physiology was also repeatedly acknowledged, with references to the works of Carpenter, Dalton, Foster and Huxley.¹²³

Clearly then, the first generation of medical women claimed that they had a unique contribution to make to the medical profession. They insisted that one of their most important missions as lady doctors was the improvement of the physical and moral health of women, and of the family, through the dissemination of the principles and practical tenets of physiology and hygiene. Such perceptions of the role of the female doctor formed one of the main arguments used to justify their access to, and importance within, the medical profession. The spread of knowledge of hygiene and the "laws of health" was to be achieved through lectures, books and pamphlets, and (as the following chapter will argue) directly through their practice as physicians.

¹¹⁹ Ibid., p. xii.

¹²⁰ Ibid., p. xii.

¹²¹ Ibid., p. xiii.

¹²² Edmund Parkes, *Practical Hygiene*, op. cit. (n. 8), is referred to in Jex-Blake, op. cit. (n. 116), p. 38, 39, 57, 66 and 67.

¹²³ See *ibid.*, pp. 36, 49 and 71.

6. Women Find a Place in Medicine

The professionalisation of medicine, which proceeded throughout the Victorian period, provided a suitable context for the consolidation of the medical women's interests. Throughout the latter half of the nineteenth-century, doctors were very much concerned with strengthening and developing their professional status.¹²⁴ Knowledge of the body and its functions was a crucial part of the mystery of the 'art of physic', and only by keeping such knowledge to themselves could doctors hope to maintain their position as members of an elite profession, who possessed life-saving but esoteric knowledge of the body which was not accessible to the lay person.¹²⁵ Thus, although it was in women's interests to discuss matters of personal health, especially with regard to their reproductive function, male doctors colluded in maintaining a veil of mystery over such things. Indeed, it is interesting to note that when Bennett gave his class of physiology to women in the early 1870s, he omitted the section on reproduction. Only those women who were matriculated medical students were permitted to attend this part of the course.¹²⁶ Harrison maintains that "women's ignorance, nurtured by the doctors", helps to explain the long held view that women were so "ignorant of sexual matters" that they were "unable to remedy their illnesses", and "such was their modesty that they were unwilling to ask in order to be informed".¹²⁷ Sophia Jex-Blake referred to this as a reason why it was imperative for women to be allowed into medical practice. Quoting "Dr. MacKenzie of Inverness" on the matter, it was, she argued, "a thoroughly well-known and undeniable fact that great numbers of

¹²⁴ Parry and Parry, op. cit. (n. 29), especially chapter 7, 'Professional Consolidation and Status, 1858-1911'.

¹²⁵ See note 49 above.

¹²⁶ See note 82 above; University of Edinburgh Ladies Class of Physiology Prospectus. (nd, 1871?); John Hughes Bennett Papers.

¹²⁷ Brian Harrison, 'Women's Health and the Women's Movement', in Charles Webster (ed.), *Biology, Medicine and Society*, (London: Routledge, 1981), pp. 15-71, p. 20.

women die, simply because they shrink from speaking of their ailments to men".¹²⁸ Furthermore, it was just such a determination to keep women ignorant of their own bodily functions, through claims that it was indecent for them to possess such knowledge, which lay behind the efforts of the medical establishment to keep women out of, or at least marginalised as nurses in, the medical profession.¹²⁹

As we have seen, the role which women proposed for themselves in the medical profession was essentially a conservative one, as that they sought to offer the sort of moral advice which emphasised women's traditional domestic role and which sought to impose middle-class values of health and cleanliness on working class women. However, it is worth observing that their concern with the dissemination of the principles of hygiene - for purposes of improving women's health - can also be interpreted in a positive light: as a bid to open up for public discussion topics which directly concerned women, but which had formerly been taboo. In this way, the medical women assisted the empowerment of women not only through their access to the professions, but on a more general level through knowledge of their own bodies (and the health of their families) via the spread of the principles of physiology and an understanding of personal health and hygiene.

Although collected some forty five years after the medical women's first arguments for the importance of physiological knowledge amongst women at large, the Women's Co-operative Guild's *Maternity*, published in 1915, revealed working class women's still desperate need for such advice and information on matters of personal health. Many women who spoke out in this collection expressed relief at being able to discuss the sufferings they endured through ignorance of hygiene and birth control, and their reluctance to share their doubts and fears with medical men. A number of them also stressed the need for lectures for women on the subject of sex and hygiene.¹³⁰ With regard to information on birth control in particular, which

¹²⁸ Jex-Blake, op. cit. (n. 1), pp. 47-8.

¹²⁹ Harrison, op. cit. (n. 127), p. 21. See, for example, *Lancet* i (1878): 18.

¹³⁰ Women's Co-operative Guild, *Maternity: Letters from Working Women collected by the Women's Co-operative Guild*, (first published 1915), (London: Virago, 1978). On the

many working women desperately wished for, the medical profession remained silent. Hutton reported that women doctors were repeatedly asked for advice on this subject in the early twentieth century, but that even by the 1910s it was not acceptable for doctors to give advice on such matters. Isabel Hutton, who trained in Edinburgh, was one of the first doctors to address the subject in her book *The Hygiene of Marriage* which was published in 1923. She was advised by colleagues, even at this date, that she was risking her career by discussing such matters so openly.¹³¹ As the above quotation from Jex-Blake demonstrates,¹³² in their enthusiasm for preventive medicine, the medical women were defining their place in the medical profession as being crucial to the general improvement of the health of women within the community at large.¹³³ Working class women, who were pin-pointed as being female physicians' particular constituency, admitted to the need for the spread of such knowledge and advice themselves.

7. The Re-orientation of Physiology in the Late Nineteenth Century and the Marginalisation of Medical Women in a Professional Backwater

From the 1870s, however, as women emphasised their fitness for medical practice, the development of laboratory science as the basis of medical knowledge proceeded. In 1875 William Rutherford succeeded Bennett as professor of the Institutes of Medicine at Edinburgh University. Under the auspices of Rutherford, increased use of the microscope and the application of new scientific methods of observation and experimentation to

ignorance of women concerning their own bodies, see, for example pp. 25, 27, 30; on the need for general advice, see pp. 37, 38, 52, 58; on the need for specific information on hygiene, see pp. 95, 97, 117, 175.

¹³¹ See Isabel Hutton, *Memories of a Doctor in War and Peace*, (London: Heinemann, 1960), chapter IX. Isabel Hutton, *The Hygiene of Marriage*, 1st Edition, (London: Heinemann, 1923).

¹³² See above, note 107.

¹³³ Improvement in women's diet and knowledge of family health questions was one of the hopes held out by advocates of women's entry into the medical profession as early as the 1860s. See Elizabeth and Emily Blackwell, 'Medicine as a Profession for Women', *Englishwoman's Journal* (1860): 153; See also Jex-Blake, op. cit. (n. 1), pp. 50-51.

the practice of physiology meant that the discipline increasingly moved away from the pragmatic concerns of clinical practice. Rutherford was the first professor of the Institutes of Medicine not to accept a clinical position at the Royal Infirmary, preferring instead to devote his efforts to lecturing, teaching and demonstrations in the physiology laboratory. Those aspects of the practice of physiology which had characterised the Edinburgh school under Bennett, therefore, were gradually eroded. Between 1875 and the end of the century the transition from the Institutes of Medicine to physiology was accomplished.¹³⁴ The appointment of Edward Schafer as professor of physiology at Edinburgh University in 1899 marked the complete divorce of the subject from its more immediate practical and clinical goals.¹³⁵

It is interesting to note, however, that Rutherford did not teach the medical women, as they were no longer permitted to attend classes at Edinburgh University by 1875. From 1886 D. Noel Paton lectured to the medical women in physiology at the Edinburgh School of Medicine for Women. He also lectured to them at the Medical College of Medicine for Women until its closure and at the Royal College of Surgeons Extra-Mural classes for women until he took the chair of the Institutes of Medicine at Glasgow University on 1906.¹³⁶ Paton's view of the role of physiology for medical practice was similar to that expressed by Bennett. He continued to stress the importance of his subject in its older conception as the Institutes of Medicine, for example, and emphasised its crucial role in the successful diagnosis and treatment of disease. "Now do you see why physiology is called the Institutes of Medicine?" he asked his class after describing the detailed understanding of the functions of the body which physiology entailed. "It is Physiology which gives you the training and knowledge

¹³⁴ Stewart Richards, op. cit. (n. 3), pp. 29-30. See also W.J. O'Connor, *Founders of British Physiology*, op. cit. (n. 3), chapter 7, 'Physiologists in Scotland', pp. 95-106; W.J. O'Connor, *British Physiologists 1885-1914*, op. cit. (n. 3) chapter 7, 'Physiology in Scotland, 1885-1914', pp. 378-431, pp. 378-381; John D. Comrie, *History of Scottish Medicine*, vol. II, (London: Bailliere, Tindall and Cox, 1932), pp. 693-695; Obituary of William Rutherford, *Caledonian Medical Journal* (1899): 442-444.

¹³⁵ W.J. O'Connor, *British Physiologists*, op. cit. (n. 3), pp. 388-391.

¹³⁶ Obituary of D. Noel Paton, *BMJ* 2 (1928): 679-680. Paton also worked on nutrition with Elsie Inglis. See D. Noel Paton, J. Craufurd Dunlop and Elsie Maud Inglis, *A Study of the Diet of the Working Classes of Edinburgh, carried out under the auspices of the Town Council of the City of Edinburgh*, (Edinburgh: Otto Schulze and Co. 1902).

essential for the successful practice of your profession ... imperfect training in physiology must prejudicially influence your success as physicians”.¹³⁷ These views were clearly important to him, as he repeated them in 1927 at his Inaugural Address to the Royal Medical Society of Edinburgh.¹³⁸ It was Rutherford’s style of teaching, which consisted of lectures, diagrams and slides, but no clinical experience, which Paton abhorred.¹³⁹ Throughout his professional career he remained a firm advocate of “advancing knowledge by the scientific physician at the bedside, supported, of course, by laboratory facilities, which are now nearly always available”.¹⁴⁰

Paton was well known for this insistence on the importance of the application of physiological knowledge to clinical practice, and his obituarist described his approach to medicine as being “devoted to the study of ... practical aspects of medicine, as his work on diabetes, rickets and nutrition amply testifies”.¹⁴¹ In accordance more with mid-nineteenth-century notions about the relationship between physiology and medical practice, he was

¹³⁷ D. Noel Paton, ‘The Relationship of Physiology to Medicine: An Introductory Lecture Delivered on October 12th 1893’, *Edinburgh Medical Journal* 39 (1893): 512-521, p. 514.

¹³⁸ D. Noel Paton, ‘The Relationship of Science and Medicine’, *Edinburgh Medical Journal* ns. 35 (1928): 1-11.

¹³⁹ From 1889, Paton was also director of the research laboratory of the Royal College of Physicians in Edinburgh, and was committed to research, as well as teaching. Rutherford’s pre-occupation with elaborate lectures rather than with research and its implications for clinical practice were not what Paton expected from a professor of the Institutes of Medicine. O’Connor suggests that for this reason the appointment of Rutherford to the chair in 1875 was a handicap to the advancement of physiology in Edinburgh. O’Connor, *British Physiologists*, op. cit. (n. 3), p. 379. Smith and Nicolson have pointed out that medical education in Edinburgh had always been closely linked to clinical work at the Infirmary, resulting in the view that “physiology must be taught to medical students in such a way as to make what they learned relevant to the clinical situation”. They also suggest that although it was the close connection between academic education and clinical instruction which had prevented physiology in Scotland from stagnating during the nineteenth century, by the early twentieth century this same relationship prevented the Scottish universities from being at the forefront of scientific advance. The Cambridge school of physiology which so thrived under Foster, for instance, was independent of medical teaching, as there was virtually no clinical faculty at the university. Despite the development of physiology into a laboratory based science, therefore, it was largely as a result of this connection between teaching and clinical practice that these views were still being expressed in Scottish universities by such as Paton in the early twentieth century. See David Smith and Malcom Nicolson, ‘The ‘Glasgow School’ of Paton, Findlay and Cathcart: Conservative Thought in Chemical Physiology, Nutrition and Public Health’, *Social Studies of Science* 19 (1989): 195-238.

¹⁴⁰ Paton, op. cit. (n. 138), p. 10.

¹⁴¹ Obituary of D. Noel Paton, op. cit. (n. 136), p. 679.

determined that the aspects of physiology which were concerned with the principles of hygiene should remain a crucial part of the practice of physic. In this way, his theoretical stance, like that of Bennett, was holistic rather than reductionist, taking into account environment, social and personal factors, such as behaviour, lifestyle and living conditions, in the understanding and treatment of disease.¹⁴²

As we shall see in Chapter 3 of this thesis, Bennett was part of a particular medical tradition in Edinburgh, prevalent since the Enlightenment period, which was concerned with the treatment of the whole body, rather than with the treatment of the individual sites of disease. The existence of this tradition in the city where the medical women sought to gain their medical education presented them with a unique intellectual environment for the emergence of their ideas concerning what their role in medicine might be, and how they might offer a unique service to women in terms of preventive medicine and holistic medical therapeutics.¹⁴³ After Bennett's retirement, however the study and practice of physiology at Edinburgh University became very much focused on laboratory research, characterised by highly technical experimental techniques which were based on an understanding of the physical and chemical basis of the vital functions of the body. It developed to rely heavily on vivisection,¹⁴⁴ elaborate technical equipment and experiments, and increasingly focused on single organs, rather than on the body as a whole.¹⁴⁵ As these aspects of the discipline were cultivated,

¹⁴² Smith and Nicolson, *op. cit.* (n. 139), pp. 216-217.

¹⁴³ This latter point will be explored in the following chapter.

¹⁴⁴ William Rutherford courted personal and professional disaster with his zealous use of vivisection, which Bennett condemned as "loathsome manipulations". See Richards, *op. cit.* (n. 3), pp. 202-209. This is not to say that Bennett was against using animals for the purposes of medical research. The University Senate Minutes record his concern with the cost of housing and feeding the physiology laboratory animals; his class experimented on pigeons, and in the early 1860s, Professor Syme brought a motion to the Medical Faculty to restrict the use of animals in Bennett's physiology classes. Edinburgh University Senatus Academicus Draft Minutes and Papers, 30th January, 1869; Draft Minutes of Meetings of Edinburgh University Court, January 1871, 'Detailed Statement as to the Scientific Instruction and the Means Available For the Advancement of Science in the University of Edinburgh', pp. 14-17, University of Edinburgh Senatus Scroll Minutes, vol. 30, 1867, 21st December, no. 15; see also George Skelton Stephenson, *op. cit.* (n. 51), pp. 71-2.

¹⁴⁵ Butler, *op. cit.* (n. 3), p. 265. Butler goes on to argue that the late Victorian and Edwardian period saw a shift from individualism to collectivism in culture and politics

environmental, social and personal factors were more and more excluded from physiological interpretations of the body. This on-going re-definition of physiology meant that from being a medical discipline which seemed to have a special significance for women practitioners through its connection with hygiene, domestic duties and family health, it became an "elite and manly discourse ... from which women were ... excluded".¹⁴⁶

By 1900, therefore, the understanding of physiology as hygiene was marginalised within physiology itself, and subsumed by other areas of medical study and practise which were regarded as being less scientific, and therefore lower in professional status. Such areas included forensic medicine, public health and, by the early twentieth-century, infant and maternal welfare.¹⁴⁷ Furthermore, despite women's arguments that they had an important and unique role to play in medical practice, scientific and medical discourse did not generally have much in connection with what were considered to be traditional female virtues. Especially as the century progressed, science and medicine in general became subject to the ethos of professionalism which pervaded the mid to late nineteenth century. As a result, the medical profession became increasingly characterised by such manly qualities as competition, individualism, rationality, scientific objectivity, personal achievement and careerism.¹⁴⁸ Such masculine values and virtues were at odds with the caring, nurturing, moral qualities which

which was reflected in physiological research. Thus, "by 1900, instead of looking at individual functioning systems, physiologists were more concerned with how functions were controlled and integrated into one co-ordinated system". Ibid, p. 278.

¹⁴⁶ Toby A. Appel, 'Physiology in American Women's Colleges: The Rise and Decline of a Female Subculture', *Isis* 85 (1994): 26-56, p. 33. Most of the literature which deals with the perceived importance of physiology for women in the mid to late nineteenth century is concerned with trends and developments in America. See note 74 above.

¹⁴⁷ For example, at University College London hygiene became a branch of medical therapeutics in the mid 1880s; The Royal University of Ireland linked the teaching of hygiene with medical jurisprudence, as did the Scottish universities. *The Englishwomen's Yearbook* 1890, (London: Hatchards, 1890), pp. 256-7 For work on the importance of hygiene and physiology in the infant and child welfare movement in the early twentieth century see chapter 5 of this thesis.

¹⁴⁸ For a general overview of the rise of professionalism in the later Victorian period, see Harold Perkin, *The Rise of Professional Society: England Since 1880*, (London and New York: Routledge, 1989); For the impact of professionalisation on women's efforts to enter the medical profession in America, see Morantz-Sanchez, op. cit. (n. 74), chapters 3, 5 and 6.

were perceived to typify women and the women's sphere.

These developments in the scientific basis of medicine and its increasing emphasis on laboratory techniques and experimentation meant that emphasis shifted from a holistic view of illness and the body, to focusing on specific body parts or organs as the sites of disease, analysing them in terms of their specific function and pathology.¹⁴⁹ As Jewson has argued, with the development of laboratory based medicine in the mid to late nineteenth century, consideration of the whole patient disappeared from medical discourse to be replaced by concern for the specific disease, or by morbid physiological processes.¹⁵⁰ Increasingly, therefore, medical science developed to neglect psychological, environmental, social and personal factors. The training of medical men shifted from a liberal arts based education as the basis of medicine, to systematic training in experiment and observation. The emphasis of medical practice on intuition, sympathy and art diminished, leaving the profession science-based and aggressively 'masculine.'¹⁵¹ This, along with developments in bacteriology and germ

¹⁴⁹ N.D. Jewson, 'The Disappearance of the Sick Man from Medical Cosmology, 1770-1870', *Sociology* 10 (1976): 225-244. Jewson argues that bedside medicine of the mid eighteenth century was eclipsed by first hospital medicine, and then laboratory medicine, with the development of histology and physiology as the basis of the development of laboratory medicine from the mid nineteenth century. These developments resulted in "a shift away from a person oriented toward an object oriented cosmology". Ibid., p. 232. For further discussion of Jewson's thesis see David Armstrong, 'The Doctor-Patient Relationship: 1930-80' in Peter Wright and Andrew Treacher (eds.) *The Problem of Medical Knowledge: Examining the Social Construction of Medicine*, (Edinburgh: Edinburgh University Press, 1983), pp. 109-122, especially pp. 118-119. Stella Butler has discussed the shift from person centred to disease centred aetiology and back again with regard to the development of physiology in late nineteenth and early twentieth century Britain. She links these shifts to changes in political and cultural outlook in the Victorian and Edwardian period. Butler, op. cit. (n. 3), especially chapter 7, pp. 265-289.

¹⁵⁰ Jewson, op. cit. (n. 118), p. 230.

¹⁵¹ The encroachment of medical science on every day life gave rise to a number of anti-medical movements which questioned the authority of science, each of which involved women as leaders and activists: the campaign for the repeal of the CD Acts; the campaign against compulsory vaccination; and the antivivisection movement. Although some of the medical women supported these campaigns (such as Frances Hoggan), many of them, including Sophia Jex-Blake and Elizabeth Garrett Anderson, did not. See Mary Ann Elston, op. cit. (n. 1), pp. 274-278. Clearly, there were tensions between the feminism which had supported women's entry to the medical profession, and the values of the medical establishment itself. However, this is not to say that the medical women abandoned the ideological stance of nineteenth century feminism. Rather, "opportunism, as well as personal commitment to the health and welfare of women at large was what concerned the medical women. Furthermore, acceptance by the profession clearly demanded

theory in the 1880s which undermined the notion that there was a direct connection between ill-health and the lifestyle of the individual, meant that the direct connection between physiology and morality was gradually eroded.¹⁵²

Through the mid-century interpretation of physiology as hygiene, however, a holistic conception of the body was maintained which was in tune with the popular notion of women as carers and moral guardians, rather than as medical scientists. It offered women a way into the profession which was consonant with expectations of women's traditional roles, and would not overtly compromise what was understood to be their natural womanly delicacy. Despite its links with these traditional feminine roles, through their emphasis on the importance of preventive medicine and the principles of scientific physiology, the medical women sought to construct a more radical social ideology for women in general, by eroding - though not eliminating - the distinctions between the public and private spheres. In this way, preventive medicine, as understood through the laws of hygiene, was able to be staked out as a women's province of influence. Indeed, women doctors appropriated hygiene and preventive medicine as aspects of medical practice which were of vital importance to the health and well-being of society long before such measures became popular in the early twentieth century.

Conclusions

From the early nineteenth century, physiology had been understood in a popular context as hygiene. Academic physiology, as it was perceived by John Hughes Bennett at Edinburgh University, involved an

both conformity, as well as adherence to the domestic ideology which had enabled them to enter medical practice". Elston, op. cit. (n. 1), pp. 89-90.

¹⁵² The connections between health and morality had been expressed by such prominent health reformers as Edwin Chadwick, Florence Nightingale and Elizabeth Blackwell, See Anne Summers, 'A Home from Home: Women's Philanthropic Work in the Nineteenth-Century,' in Sandra Burman (ed.), *Fit Work for Women*, (London: Croom Helm, 1979), pp. 33-62, pp. 53-59. This is discussed in relation to the therapeutics at the Edinburgh Hospital in chapter 3 below.

understanding of the functions of the human body and the physical laws which governed them, which was directly relevant and applicable to clinical practice. Thus, for Bennett, the principles of physiology were directly concerned with the principles of hygiene and the preservation of health, as well as with understanding and treating disease. During the early nineteenth-century, this former point had been regarded as something which women, in their domestic capacity, were especially fitted to learn. Bennett himself used such arguments to support the entry of women to the medical profession in the 1870s. With the development of laboratory-based science as a distinct aspect of medicine and medical education during the latter third of the nineteenth and the early twentieth centuries, however, so the direct application of physiology to clinical practice diminished, and its older conceptualisation as hygiene was marginalised by the new orthodoxy of scientific medicine. Physiology was one of the most important medical disciplines to become laboratory based during this period, a transformation which co-incided with the women's campaign to enter the medical profession. The shift in the physiological paradigm from bed-side to laboratory-based medicine which occurred in this period allowed the medical women to stake out a specific field of interest for themselves within the profession which was omitted from the new definition of physiology as pure medical science: hygiene and preventive medicine. This constituted an area of medical expertise which suited the aspirations of the medical women due to its person-centred approach and distinctness from the manly world of laboratory-based scientific medicine. Women physicians were able to take advantage of the shift towards science as the basis of medical theory and practice to define their own specific social role within the profession. By laying claim to this specific form of physiological knowledge, however, women physicians and their 'special role' risked being marginalised within the profession.

Chapter 3

“Due Regimen, as well as Draught and Pill”¹: Medical Therapeutics at the Edinburgh Hospital for Women and Children 1885-1900

Introduction

We have seen that an emphasis on the importance of knowledge of physiology and basic ‘hygienic’ principles for women had formed one of the central themes in women’s arguments to gain entry to the medical profession in Edinburgh during the early 1870s.² Building on these conclusions, it will be suggested throughout this chapter that such arguments were an important resource for the early medical women’s definition of themselves as medical practitioners and informed the particular style of therapeutics practised at the Edinburgh Hospital for Women and Children.

Records from private medical practice are scarce, and the best means of studying the actual day-to-day activities and practices of physicians, therefore, is through hospital case notes. Using the patients’ records from the Edinburgh Hospital, it will be suggested that the women doctors at work in this institution employed a holistic therapeutic approach to the treatment of illness. That is to say, emphasis on various hygienic principles - ‘regimen’, diet, rest, environment, and a smooth and regular functioning of the whole metabolism - formed the basis of their therapeutic method.

¹ This quotation is taken from *Punch*, June 16th, 1877, p. 65. It refers to the best way to cure “the great majority of complaints”, as recommended by the “medical woman”, “Dr. Clara”.

² See chapter 2 above.

We have already discussed the importance of the principles of hygiene to the study and practice of physiology in Edinburgh in the nineteenth-century, and the application of this knowledge, in turn, to the understanding of the body in sickness and in health. A holistic perception of the body was a characteristic of medical theory and practice in Edinburgh throughout the Victorian period, and the importance of diet and regimen in the treatment of many illnesses was advocated strongly by prominent men in the medical community of Edinburgh. Throughout his lectures on *Materia Medica* at the University, for example, Robert Christison was at pains to stress their direct relevance to medical therapeutics; whilst Thomas Clouston, medical superintendent at the Royal Edinburgh Asylum, based much of his theory for the treatment of insanity on the regulation of body and brain through the rigorous and systematic application of the laws of physiology. John Hughes Bennett was also well known for his emphasis on the importance of nutrition in the treatment of certain diseases, and was against the indiscriminate use of extreme therapies, such as blood-letting and the use of mercury in the treatment of certain diseases.³ In this chapter, the wider context of the practice of medicine by some of Edinburgh's most prestigious hospital physicians provides a useful reference point for analysis of the clinical records from the Edinburgh Hospital for Women and Children. Thus, the methodical application of the principles of hygiene and physiology as a key aspect of clinical practice, as emphasised by Christison and Clouston, will be discussed in detail, as it provided an important resource for the medical women to draw on in their bid to establish themselves as physicians in the city.

Finally, in order to locate the argument in the wider contemporary context of women's role in medicine and in society, the moral implications of

³ See, for example, Bennett's emphasis on the use of nutrition in the treatment of pulmonary tuberculosis and pneumonia: John Hughes Bennett, 'On the Treatment of Phthisis Pulmonalis', *London and Edinburgh Monthly Medical Journal* 10 (1850): 232-239; idem, 'Special Treatment of Phthisis Pulmonalis', *Monthly Journal of Medical Science* 14 (1852): 164-168; idem, 'Treatment of Pneumonia by Restoratives', *Lancet* i (1865): 334-339; idem, 'Report on Further Experiments, Demonstrating that Mercury has no Special Action on the Liver', *British Medical Journal* (1871): 1-2; idem, 'Contributions to Pathology and Rational Medicine', *London and Edinburgh Monthly Medical Journal* 7 (1847): 226-233. See also John Harley Warner, 'Therapeutic Explanation and the Edinburgh Blood-Letting Controversy: Two Perspectives on the Medical Meaning of Science in the Mid Nineteenth-Century', *Medical History* 24 (1980): 241-258.

the clinical practices of the medical women will also be considered. This is important in shedding some light on the relationship between female practitioners, medical philanthropy, and general medical practice; and also in terms of the ideological and professional interests of women doctors in this period.

1. Holistic Perceptions of Bodily Function in Nineteenth-Century Physiology c.1800-1875

The nineteenth-century understanding of physiology as hygiene has been explained in the previous chapter. The means through which this understanding was translated into sound clinical practice, however, remain to be discussed. The way in which the principles of physiology and hygiene were perceived to benefit the sick body had formed an important aspect of physiological theory in Edinburgh since the Enlightenment period. Chris Lawrence has argued, with reference to the relationship between physiological theory and medical practice in the late eighteenth and early nineteenth-century, that “Scottish medicine was characterised by its stress on the total integration of bodily function, the perceptive capacity or sensibility of the organism, and a preoccupation with the nervous system as the structural basis for these properties”.⁴ “Sensibility” was a property possessed by the nervous system which implied its integrity, and capacity to feel and transmit those feelings. Edinburgh physicians in this period - and well into the latter half of the nineteenth century - used the concept of sensibility “to provide a physiological and anatomical basis for one of their primary concerns, overall integration of bodily functioning”.⁵ Linked to sensibility was the notion of “sympathy”,

⁴ Chris Lawrence, ‘The Nervous System and Society in the Scottish Enlightenment’, in Barry Barnes and Steven Shapin (eds.), *Natural Order: Historical Studies of Scientific Culture*, (Beverly Hills / London: Sage, 1979), pp. 19-40, p. 19. Lawrence argues that the understanding of physiology in Scottish medical theory in this period was linked to political, social and economic developments. As a scientific theory, physiology served to sanction the introduction of new social and cultural changes. It was also shaped by its social, political and cultural context, was sustained by social interests and reflected, as well as reinforced, the social order.

⁵ Ibid., p. 27.

whereby the “communication of feeling between different bodily organs” resulted in “functional disturbance of one organ when another was stimulated”.⁶ The nervous system was regarded as linking separate organs, as well as linking mind and body. Lawrence argues that in this period, “[s]ensibility and its special case, sympathy, were ... the foundations of Edinburgh physiology”.⁷

The conditions of man’s existence and his habits of living, such as his diet, environment and climate, his sleeping patterns and the amount of exercise he took, were understood to affect sensibility.⁸ Change in sensibility, through disruption of diet, or lack of sleep, for example, could produced disease. If disease could affect one organ, moreover, the sympathy which existed between organs could result in repercussions throughout the body and even affect the mind. Edinburgh physicians regarded normal physical and mental life to be dependent on the properties of the nervous system which were, in turn, altered by changes in the environment, or the regimen of the body, or by the onset of disease. This whole physiological theory was rooted in the notion that the body and its organs functioned in a holistic and interrelated way.⁹ “In whatever part of the chain [i.e., the chain of bodily processes] interruption takes place, it will, if long continued, affect the whole”, John Hughes Bennett observed. The whole of the deranged

⁶ Ibid., pp. 27-28. Sympathy was both a conscious and an unconscious physiological co-ordinator, that is to say, there was also such a thing as “somatic sympathy”. This conception of the nervous system as the co-ordinating network of the body was unique to Edinburgh.

⁷ Ibid., p. 28.

⁸ Ibid., pp. 25-28. Sensibility could alter in intensity and / or quantity depending on the influence of the “six non-naturals”, which formed the basis of most eighteenth century aetiological theory. For an explanation of the “six non-naturals”, see chapter 2, section ?.

⁹ This conception of physiology, which emphasised the holistic and interrelated nature of bodily function in the efficacy of therapeutics, I will call “holistic physiology”. This is necessary in order to distinguish between this particular understanding of the functioning of the body and the later nineteenth-century conception of the discipline of physiology, which reduced the action of the body to an emphasis on the functions of specific organs and body parts. The older, “holistic”, notion of physiology was gradually displaced over the late nineteenth-century by this reductionist, organ specific form of experimental physiology. This development in the discipline of physiology has been discussed in chapter 2.

bodily processes must be treated, he concluded, rather than simply that part of the body which manifested the disease.¹⁰

By the latter third of the nineteenth century, “sensibility” and “sympathy” were still being used as terms to describe physiological function. Throughout his lectures on general therapeutics and materia medica at Edinburgh University, for example, Sir Robert Christison used the terms to describe the transmission of therapeutic effect, occasioned by the administering of drugs and the use of diet and regimen, throughout the body. “Remedies ... either ... are absorbed and conveyed substantially ... through the medium of the blood, to the organ on which the action is exerted” Christison remarked, “or they produce where they are applied some nervous impression which is transmitted through the nerves to the organ acted on”. When their influence is transmitted through the nerves, he went on, remedies “are said to act through sympathy”.¹¹ A holistic understanding of the body, and the importance of the nervous system in the sympathetic transmission of disease and remedy, still clearly informed medical theory.

2. Regimen and Dietetics in Edinburgh c.1852-1875

The notion of ‘regimen’ as a crucial aspect of health and well being had been an important concept in medicine since classical times. It was made up of a whole system of hygienic principles including “exercise, sleep, amusement, ablution, dress, habitation, climate and, lastly, moral discipline”.¹² Attention to the diet formed the most important aspect of regimen, and was often accorded its own sub-discipline in medical teaching - that of dietetics. In turn, the notion of dietetics often involved more than

¹⁰ John Hughes Bennett, ‘Contributions to Pathology and Rational Medicine’, *London and Edinburgh Monthly Medical Journal* 7 (1847): 226-233, pp. 232-233.

¹¹ See, for example, Robert Christison, ‘General Therapeutics: The Actions of Medicines, 1. Physiological; 2. The Nature and Kinds of Their Actions. Lecture Notes, c.1832-1874’, p. 27 and pp. 38-40. See also ‘Lectures on Exercise’, section on Regimen, 1-2. Notes and Lectures on Materia Medica and Dietetics, c. 1832-1874.

¹² Robert Christison, ‘Lectures on Exercise’, section on Regimen, *ibid.*, p. 1.

simply the study of nutrition, but was generally concerned with all aspects of the patient's life and environment, and the manipulation of these as an aspect of cure.¹³ When rigorously applied, the basic tenets of diet and regimen would ensure the maintenance and preservation of good health.

As suggested above in chapter 2 regimen and diet, as aspects of medical practice, were generally linked with prophylactics rather than therapeutics, as they were concerned with the regulation and control of all fundamental aspects of daily life and bodily function for the prevention of disease. This does not mean to say that attention to these things could not be an important aspect of therapeutics as well. Certainly, in Edinburgh, the significance of diet in the regaining of a patient's health had been a subject of great interest to the medical community, and had been discussed in detail with regard to the diet of the patients at the Royal Infirmary of Edinburgh in the 1850s.¹⁴ Furthermore, also from the 1850s, John Hughes Bennett was at pains to emphasise the importance of nutrition and "restorative methods" in the treatment of "many acute and chronic diseases", including pneumonia and pulmonary tuberculosis, and he was a firm advocate of the use of cod-liver oil in the treatment especially of the latter.¹⁵ "It is unnecessary to dwell at any length upon the fact that of all the causes of disease, irregularity of diet is the most common", Bennett remarked, "diseases of nutrition and of the blood are only to be combated by an endeavour to restore the deranged processes to their healthy state ... [and] for this purpose, a knowledge of the process of nutrition is a preliminary step to the rational treatment of these affections".¹⁶

The importance of diet and regimen, as vital aspects of the physician's therapeutic canon, were extolled throughout the nineteenth century in Edinburgh by Robert Christison in his lectures on *Materia Medica* at the University. "All the articles here enumerated may exert, in particular

¹³ W.F. Bynum and Roy Porter (eds.), *Companion Encyclopaedia of the History of Medicine* volume 2, (Routledge: London and New York, 1993), p. 940.

¹⁴ Robert Christison, 'Dietetics: Food for Infirmarys', op. cit. (n. 11), pp. 19-21.

¹⁵ 'Dr. Hughes Bennett', *British Medical Journal* (1875): 244.

¹⁶ John Hughes Bennett, 'Contributions to Pathology and Rational Medicine', *London and Edinburgh Monthly Medical Journal* 7 (1947): 226-233, p. 226 and p. 233. For references to Bennett's work on the importance of nutrition in the treatment of phthisis and pneumonia, see note 3 above.

circumstances, a powerful influence over the health, as well as the bodily strength and mental vigour”, argued Christison in reference to those aspects of regimen listed above, “and most of them are likewise efficacious agents in the treatment of ... diseases”.¹⁷

At the University of Edinburgh, diet and regimen were accorded a special place in the *Materia Medica* syllabus. The subject was divided into its “two great departments, Remedies proper and Diet and Regimen”. “We cannot speak of diet and regimen as applied to the treatment of diseases without inquiring into their effects on the healthy body”, Christison observed in the first of his *Materia Medica* lectures on the subject. “This subdivision constitutes what is called “hygiene” in the Continental Schools ... [and] [t]he effects of Diet and Regimen on health and disease constitutes together a most interesting and highly practical branch of inquiry”. Indeed, Christison declared, these subjects surpassed in “interest and importance ... most other subjects discussed from this chair”.¹⁸

Regimen, as an aspect of medical therapeutics, was clearly linked to holistic conceptions of the body which perceived health to be achievable through a state of equilibrium between its different parts. Christison emphasised the importance of air, water, environment, employment, temperance, and moderation in the health of the individual.¹⁹ Exercise was also singled out as especially important, the significance of such activity being that “the whole system is brought more or less under its operation through the medium of sympathy”.²⁰ One of the main therapeutic applications of regimen was a correct and regular diet, which was seen to affect the whole of the mind and body. The use of food in the treatment of disease was a subject which Christison dealt with at great length, describing it as “the most powerful and indispensable of all remedies in the treatment of many diseases”.²¹

The therapeutic significance of diet and regimen for medical practice in Edinburgh in the mid to late nineteenth century is made clear by Christison’s

¹⁷ Christison, ‘Regimen’, op. cit. (n. 11), p. 1.

¹⁸ Christison, ‘A New Introductory, 1861 and 1873, 1874’, Christison Papers, Notes and Lectures on *Materia Medica* and Dietetics, c. 1832-1874. op. cit. (n. 11), p. 133.

¹⁹ Ibid., pp. 135-136.

²⁰ Ibid.

²¹ Christison, ‘Food in the Treatment of Disease’, op. cit. (n. 11), p. 1.

observations on the subject as an important aspect of the medical curriculum. In 1861 he remarked that the notion of *materia medica* as a coherent medical discipline was under threat from related disciplines, such as pharmacy. The English medical schools had seen fit to reduced the number of lectures on the subject, eliminating diet and regimen from their teaching altogether. The Universities of Scotland, however, as yet remained aloof from such misguided manipulations of the curriculum. “I often wonder how my fellow lecturers in London continue to dispose of the *materia medica* at all in sixty lectures”, Christison observed with some disdain, “but their method of disposing of the branch of Diet and Regimen is simple enough:- they leave it out all together, and I am not aware that it is found anywhere else in the London schools”.²²

Although emphasised as an important aspect of therapeutics by the Edinburgh University medical school, Christison also observed that regimen was not “often cultivated by the student or young physician”, but that the administering of drugs was, instead, increasingly relied upon as the best means to treat illness. However, he went on to warn, “this is an omission which will seldom fail to show itself in ... subsequent ... medical practice. He who has not made Regimen in its several branches an object of careful study undoubtedly deprives himself of several active agents for the practice of the healing art”.²³ He was also severe in his criticism of those who played down the therapeutic powers of diet, and instead mistakenly placed their emphasis on the importance and efficacy of physic. “If the ancients erred in trusting too much to diet”, Christison observed, “modern physicians have ... often fallen equally into error in the cure of disease by looking too exclusively

²² Christison, ‘A New Introductory’, *op. cit.* (n. 18), pp. 132-134.

²³ Christison, ‘Regimen’, *op. cit.* (n. 11), p. 1.

to medicines”.²⁴ Opposition to “the excessive and blind use of drugs” was also a distinctive feature of Bennett’s work and opinions.²⁵

Instead of relying on the use of drugs, Edinburgh doctors such as Bennett and Christison stressed that of paramount importance in the restoration of health was the careful management of hygienic factors, such as diet, fresh air, rest, exercise and cleanliness. This would, it was argued, assist nature in a natural healing process. Although such treatment might take longer to produce any noticeable effects, hygienic management of the patient was argued to cater for his or her individual needs far more than did the cursory administering of drugs. As Christison himself pointed out, however, a reduction in the reliance of the profession on the use of drugs would not mean that the physician was no longer required.²⁶ Rather, as nature always needed assistance, someone would have to possess the expert knowledge of how best to manipulate the patient’s environment and lifestyle.

3. Diet and Regimen as Therapeutic Practice: Thomas Clouston and the ‘Physiological Method’ of the Treatment of Insanity, c.1875-1900

There were clinicians who not only enthusiastically expounded the virtues of diet and regimen as a therapeutic method, but also made it central to their practice. Medical theories which justified the use of these methods in clinical practice can be found most clearly in the work of Thomas Clouston, Physician Superintendent of the Royal Edinburgh Asylum from 1873 to

²⁴ Christison, ‘Food in the Treatment of Disease’, op. cit. (n. 11), p. 1. This implies that Christison was himself not especially interested in the use of medicines for the treatment of illness and disease. On the contrary, however, Christison was dedicated to the research and development of new drugs and frequently tested drugs, and even poisons, on himself (as well as on animals) in order to monitor their effects. See J.H. Gaddum, ‘The Development of Materia Medica in Edinburgh’, *Edinburgh Medical Journal* 49 (1942): 721-35, pp. 728-730.

²⁵ ‘Obituary: John Hughes Bennett’, *Edinburgh Medical Journal* 21 (1875): 466-475, p. 472. John Hughes Bennett’s opposition to the indiscriminate use of blood-letting and to the “excessive and blind use of drugs” also form a part of this ‘holistic’ use of the principles of hygiene as a therapeutic method which was prevalent in Edinburgh in this period.

²⁶ Christison, ‘A New Introductory’, op. cit. (n. 18), pp. 133-135.

1908, close friend of Sophia Jex-Blake,²⁷ and lecturer in Mental Diseases at the University of Edinburgh from 1879 to 1910, and at the Edinburgh School of Medicine for Women from 1891 to its closure in 1898.²⁸

Clouston's approach to the treatment of the insane is interesting not only in terms of his therapeutic method, but also in terms of his definition of what exactly constituted mental illness, and what caused it. He viewed the body and mind as physiologically linked, and considered the best treatment of mental illness to be the treatment of bodily disorders and the manipulation of the environment and life style of the patient.²⁹ Although he was the author of numerous lectures, articles and books, both popular and professional, the best account of Clouston's clinical method can be found in his *Clinical Lectures on Mental Diseases*, which was first published in 1883, and which ran to six editions, the last re-print appearing in 1904.³⁰

In line with orthodox nineteenth-century medical opinion, Clouston perceived mental illness as being somatic in origin: that is to say, as being primarily related to the body, rather than to the mind, with disturbances in the former inevitably reflected in the correct functioning of the latter.³¹ For this reason, Clouston argued, mental illness could best be studied and treated "from the bodily point of view".³² Because "mental illness is associated with

²⁷ Margaret Todd, *The Life of Sophia Jex-Blake*, (London: Macmillan, 1918), p. 460.

²⁸ 'Schools of Medicine in Scotland', *Medical Directory* 1891-1898; *The Student* (1893): 176-8; Obituary of Thomas Clouston, *BMJ* (1915): 744-745 and 787.

²⁹ It is interesting to note that Andrew Combe, author of numerous works on popular physiology and renowned advocate of the application of the 'laws of hygiene' for the maintenance of health, was a contender for the position of Alienist, or Physician Superintendent, at the Asylum in 1832. See Andrew Duncan, *A Short Account of the Rise, Progress and Present State of the Lunatic Asylum at Edinburgh*, (Edinburgh: 1912), p. 87.

³⁰ Thomas Clouston, *Clinical Lectures on Mental Disease*, (first edition), (London: J. and A. Churchill, 1883), was a seminal text book for the study of mental diseases at Edinburgh University for the duration of Clouston's tenure. By the 6th and final edition, which appeared in 1904, however, Clouston's approach was considered to be outdated and mistaken in a number of its assumptions. For a succinct analysis of the basic philosophical and scientific principles which underpinned Clouston's theories of insanity see Allan Beveridge, 'Thomas Clouston and the Edinburgh School of Psychiatry', in German E Barrios and Hugh Freeman (eds.), *150 Years of British Psychiatry, 1841-1991*, (London: Gaskell (Royal College of Psychiatrists), 1991), pp. 359-388, p. 375.

³¹ Thomas Clouston, 'The Study of Mental Diseases: Being the Introductory Lecture delivered in the University of Edinburgh, on the Institution of the Lectureship on Mental Diseases, May, 1879', *Edinburgh Medical Journal* 25 (1879): 1-20, p. 4.

³² *Ibid.*, p. 2.

the physiological processes of the body”,³³ the best method of treatment “must be the physiological method”.³⁴ Use of the “physiological method” was justified by the notion that the mind must be treated as being “regulated by the same laws that govern the body ... [and] in order to have good mental health, the brain must not only be healthy, but all the chief organs of the body, which influence its workings most strongly ... must also be healthy”.³⁵ Rather than using particular drugs which would act on specific organs, therefore, the physical “causes” and manifestations of insanity could be most effectively treated through the use of diet and regimen, which would act on, and regulate, the whole physiological system of the body.

Throughout his works, both popular and professional, it was to the physical causes and treatment of mental disease that Clouston addressed his concerns. Thus, he paid little attention to the psychological aspects of his patients’ illnesses, but focused instead on the “ill advised mode of living”³⁶ which they had pursued, and which had resulted in bodily, and therefore ultimately mental, imbalance.³⁷ A disturbance of the metabolism - as a result of poor hygiene, exhaustion, or alcoholic excess, for example - could result in physical illness and, if not remedied at this point, might possibly lead on to

³³ Clouston, op. cit. (n. 30), p. 12.

³⁴ Ibid., p. 9.

³⁵ Thomas Clouston, ‘Lecture on Mental Health’, re-printed from the *Morningside Mirror*, Feb. and March, (1875): 1-4.

³⁶ Beveridge, op. cit. (n. 30), p. 375. This does not mean that Clouston regarded all manifestations of insanity to be the fault of the individual (although he was concerned that such things as intemperance and immoral living were primary exciting causes of it) indeed, he was aware that the lives and living conditions of many of his pauper patients caused certain forms of madness, and that these were, by and large, outwith the control of the individual. See, for example, Clouston, op. cit. (n. 30), p. 493, p. 496, p. 510 and p. 516.

³⁷ During the 1870s, Clouston developed a nosology of madness, specific to Edinburgh and the Royal Edinburgh Asylum, which was “founded on bodily causation - the ‘somatic-etiological.’” This nosology of madness was based largely on the classifications of insanity laid down by his predecessor at the Asylum, David Skae. Skae’s (and therefore Clouston’s) classification was regarded as of little practical use by a number of Clouston’s medical colleagues. Beveridge cites Batty Tuke and Crichton-Brown as typical of the opposition of medical opinion to the use of Skae’s classification in the categorisation of mental illness. Beveridge, op. cit. (n. 30), p. 370. For further discussion of the significance of Skae’s classification for Clouston (and the practical usefulness of Clouston’s nosology), see Allan Beveridge, ‘Madness in Victorian Edinburgh, parts 1 and 2’ *History of Psychiatry* VI (1995): 21-54, and 133-156, pp. 133-134; Thomas Clouston, ‘Modern Medico-psychology and Psychiatry: The Clinical Classification of Insanities’, *The Hospital* 17 (1895): 91.

madness.³⁸ Treatment of mental illness must be approached by treating the body holistically. A knowledge of the principles of hygiene and the effects of diet, regimen and the environment on the physiological processes of the body were, thus, crucial to the therapeutic approach, advocated by Clouston.³⁹ Rather than treat the “disease” with drugs, or with psychotherapy, therefore, he was concerned with the manipulation of the physiology of the patient and the correction of metabolic disturbance through attention to elements such as diet, exercise, and rest.⁴⁰

Throughout his writings Clouston extolled the virtues of regimen and the non-naturals. Sleep, for example, and preferably “complete physiological rest”, was especially vital in providing time for bodily “repair”.⁴¹ Food, which was one of the most important elements of life and health, ensured “the proper nourishment of the body” and was crucial to bodily and therefore mental health. Indeed, throughout *Clinical Lectures*, the consumption of rich foods was emphasised as vital to the cure of most manifestations of insanity. “Diet and regimen are of the highest importance”, he observed, and “fatty foods, milk ... eggs, farinaceous diet ... fish, fowl, [and] game”,⁴² as well as “beef-tea ... custards ... soups with plenty of vegetables and porridge”⁴³ were all to be enjoyed. “Good feeding” became well known as one of the main tenets of Clouston’s clinical approach to the treatment of mental

³⁸ Clouston also emphasised factors such as predisposition and heredity in the likelihood of a person going insane. See, for example, Clouston, *Clinical Lectures*, op. cit. (n. 30), p. 24.

³⁹ Thomas Clouston, *Female Education from A Medical Point of View*, (2 Lectures Delivered at the Philosophical Institute, Edinburgh, November, 1882), (Edinburgh: MacNiven and Wallace, 1882), p. 6.

⁴⁰ Margaret Sorbie Thompson, *The Mad, the Bad and the Sad: Psychiatric Care in the Royal Edinburgh Asylum (Morningside), 1813-1894*, (Unpublished PhD Thesis, Boston University, 1984), p. 273. See also Thomas Clouston, *The Hygiene of Mind*, (London: Methven and Co., 1906), p. v.

⁴¹ Ibid., pp. 31-32. For other examples of Clouston’s emphasis on the importance of physiology and the principles of hygiene for the health of mind and body see also idem., *Health of Body and Soundness of Mind: A Lay Sermon*, (Edinburgh: MacNiven and Wallace, 1903), pp. 2-3 and p. 7; idem, *The Study of Mental Disease*, op. cit. (n. ?), pp. 7-8; idem, ‘Puberty and Adolescence Medico-Psychologically Considered’, *Edinburgh Medical Journal* 26 (1880): 5-17; idem, *How the Scientific Way of Looking at Things Helps Us in Our Work: An Address to the Nursing Staff of the Retreat, York*, (York, nd.); idem, *Clinical Lectures*, op. cit. (n. 30), especially pp. 8-11.

⁴² Ibid., p. 133.

⁴³ Ibid., p. 174.

illness.⁴⁴ Other aspects of the treatment included exercise and outdoor activity. “Next to good food and nursing, fresh air is essential in treating a case”, declared Clouston bracingly. Furthermore, of paramount importance to the restoration and maintenance of brain and bodily health was the individual’s environment, with “air, light, colour, heat, [and]... right employment” all being crucial to the efficient functioning of the whole organism.⁴⁵

Attention to the hygienic conditions of life was the key to Clouston’s clinical practice, with the use of medicines being kept to a minimum. Sleep and food, rather than drugs, were declared to be of the utmost importance to “improve general nervous tone and nutrition of ... [the] body”, while such familiar nervous characteristics as “exhaustion [and] irritability” would be more effectively treated by “improving the fattening and nutrition of the body than by continuous sedatives”.⁴⁶ Those prescriptions which were recommended were generally simply blood and nerve tonics, with the occasional use of the bromides to sedate, sulfonal or belladonna to encourage sleep,⁴⁷ and aperients of varying strength to keep the bowels functional. Most commonly used as tonics were quinine, strychnine, “mineral acids”⁴⁸ and “iron, arsenic, vegetable bitters [and] the phosphates”.⁴⁹

With the attention to diet being one of Clouston’s chief concerns,⁵⁰ the stomach and the regularity of the bowels were pin-pointed as being of paramount importance in the maintenance of good health. Not only was this crucial in optimising the nourishment which the body received, but also in preventing the build up of toxic and noxious substances in the alimentary canal which could poison the body and brain.⁵¹ It was with this latter point

⁴⁴ Ibid., p. 591.

⁴⁵ Idem, *The Hygiene of Mind*, op. cit. (n. 40), pp. 44-45. See also idem., *Health of Body and Soundness of Mind*, op. cit. (n. 41), pp. 2-3 and p. 19.

⁴⁶ Clouston, ‘Use of Hypnotics’, op. cit. (n. 41), pp. 10-11.

⁴⁷ Clouston, *Clinical Lectures*, op. cit. (n. 30), p. 213.

⁴⁸ Ibid., p. 133.

⁴⁹ Ibid., p. 36.

⁵⁰ See, for example, idem., *Health of Body*, op. cit. (n. 41), p. 19; idem, *Nervous Diseases and Symptoms of the School Age*, op. cit. (n. 41), pp. 1-8; idem, *Female Education*, op. cit. (n. 39), p. 17.

⁵¹ With regard to costive bowels, although Clouston did not subscribe to the extreme theories of auto-intoxication as a means of explaining all insanity (as well as numerous

in mind that Clouston pointed to the importance of “see[ing] that ... the kidneys are kept in proper action, and especially that the bowels are properly attended to”.⁵² A build-up of toxins would otherwise poison the body, resulting in “mental excitement, depression and delusion”. However, Clouston went on to point out that “if we think of them [mental excitement, depression and delusion] as being toxic, and bodily in origin, we can attack them with doses of calomel”.⁵³ Indeed, “laxatives ... tonics ... [and] fresh air” were basically the best means of restoring the appetite, and eventually therefore the bodily strength and mental health of the patient.⁵⁴

Connected to this interest in the regularity of the bowels was a concern with the stomach as the seat of a number of physical and mental disorders. Suitable diet and proper digestion were crucial in the avoidance of the build up of noxious poisons in the body. In general,

when there is a feeling of irritability and organic distress, look to the stomach and try and improve its working ... one of the latest and most successful treatments ... consists in the use of strong purgatives and antiseptics which seem to remove and counteract the poisons generated in the alimentary tract.⁵⁵

Throughout Clouston’s clinical regime, therefore, it was important that the metabolism be restored to its smooth functioning, and that this state then be maintained through the medium of the patients’ environment, exercise, diet, rest and the general regulation of all aspects of regimen. “All of life is more or less rhythmical”, observed Clouston, and a regular, balanced and well ordered body would, ultimately, result in a regular,

other illnesses and disorders), such metabolic blockages could, he argued, release certain toxins into the blood, thereby poisoning the mind. See Thomas Clouston, ‘Melancholia and Toxaemic Theory: A Clinical Sketch’, *Scottish Medical and Surgical Journal* 10 (1902): 97-112, p. 103. For an analysis of the theory and practice of Arbuthnot Lane, a man obsessed with bowels and their toxicity, see also J. Lacey Smith, ‘Sir Arbuthnot Lane, Chronic Intestinal Stasis and Autointoxication’, *Annals of International Medicine* 96 (1982): 365-369 and Robert P. Hudson, ‘Theory and Therapy: Ptosis, Stasis and Autointoxication’, *Bull. Hist. Med.* 63 (1989): 392-413.

⁵² Clouston, *How the Scientific Way*, op. cit. (n. 41), p. 9.

⁵³ Ibid., p. 10.

⁵⁴ Ibid., pp. 12-13.

⁵⁵ Idem, *Hygiene of Mind*, op. cit. (n. 40), pp. 95-96.

balanced, and well ordered mind. Indeed, balance and regularity - or as Clouston himself put it, “order”, “punctuality” and “system” - both within and outwith the body, were principles fundamental to his work, whether aimed at a professional or a lay audience.⁵⁶

Thomas Clouston was one of the most dedicated adherents to the systematic application diet and regimen as a therapeutic method. Indeed, he maintained that this treatment, as outlined above, actually “cured” many patients of insanity. As a result, throughout his tenure as Physician Superintendent, all manifestations of mental illness which came under his care at the Asylum were predominantly treated “by employment, amusement, good food, fresh air, exercise, and good hygienic conditions of life”.⁵⁷

4. The Practice of Medicine at the Edinburgh Hospital for Women and Children, 1886-1899

Thomas Clouston’s clinical regime provides the historian with an excellent example of the use of regimen as a therapeutic method, rather than simply as a prophylactic measure. It can also be argued that the female patients at the Edinburgh Provident Hospital for Women and Children were subjected to similar clinical practices. At the Hospital, emphasis was laid on the correction of bodily imbalance - the regulation of the bowels, the digestive system and the menses. Malnourishment, bodily exhaustion, overwork, and general debility - all common ailments at the Hospital, were treated with strict attention to the diet - milk, eggs, beef tea in great quantities, fruit, vegetables and meat, even claret, being administered as an important aspect of treatment, along with sleep, rest and quietness, walks, fresh air and recommendations to change profession. Use of drugs was kept to a minimum, most commonly amounting only to laxatives of varying strength, tonics, mixtures to calm indigestion, and sleeping draughts. The argument that the medical women at the Edinburgh Hospital for Women and Children pursued a style of

⁵⁶ Idem, *Scientific Way*, op. cit. (n. 41), pp. 8-9.

⁵⁷ Edinburgh Royal Asylum Annual Report 1885, p. 19.

therapeutics similar to the use of diet and regimen recommended by Christison and carried out by Clouston can be substantiated by analysis of the Hospital's clinical records, which cover the period 1885 to 1901. However, some of the difficulties which arise when using clinical records as a historical resource must first be outlined.

4.1. The Problem with Patients' Records

To begin with, there are certain questions and issues to be aware of when considering clinical records concerning the social, political and institutional processes at work behind the actual practice of taking hospital case notes. For instance, as clinical records were used for the compilation of Annual Reports, it is quite likely that this will have affected the type and character of the information recorded. Nineteenth century hospitals had an obligation to their charitable donors to care for and to cure the sick poor (and, as we have seen, frequently to offer them moral advice⁵⁸). This commitment could possibly determine treatment, or influence the decision as to whether or not a patient was discharged. For the sake of the fame and fortune of a hospital, for instance, the fewer patients who died there the better; whilst the number of patients discharged as 'cured' was similarly of great importance to the statistical concerns of hospital managers and subscribers. Also, in some institutions - including the Edinburgh Hospital for Women and Children - some of the patients paid for their health care. Again, this could have affected the nature of the treatment, as well as the detail and precision with which the patient's case was recorded - the hospital being financially bound to demonstrate to the patient that clinicians did a thorough and rigorous job. Such an obligation may have influenced the nature of the transcriptions in the records. Finally, if the hospital in question was a teaching hospital, or was

⁵⁸ See chapter 1 of this thesis. Often illnesses and diseases were regarded as having "moral causes" (such as a debauched lifestyle), and therapies were considered to have moral effects. See Andrew T. Scull, 'Moral Treatment Reconsidered: Some Sociological Comments on an Episode in the History of British Psychiatry', *Psychological Medicine* 9 (1979): 1-8.

used in the training of medical graduates, then the case notes taken by a student, or attending medical officer, might be more detailed and extensive. When using clinical records as a historical source, therefore, questions concerning the exact purpose which they were serving - why, and for whom they were recorded - must always be taken into consideration.

The interpretation of patients records has been the subject of a number of studies, as the use of such documents for historical research is not without certain methodological problems.⁵⁹ Even taking into account the influences on case note compilation mentioned above, actually using hospital records as historical sources presents problems to the historian in terms of the fragmented, insubstantial, and multi-authored nature of the evidence. The material contained in them is often simply banal and un-enlightening and of variable quality in terms of the information it yields. Furthermore, often the sheer volume of information presented by even a few years of clinical records can lead to problems of collation. Some scholars have resorted to the use of computer data bases to overcome this latter difficulty, yet this too can lead to problems. For instance, information from the records can be distorted, or misinterpreted, to fit it into particular database categories. In addition to this, not only is there a limit as to what sort of information is able to be totted up and tabulated, but also lists of figures, statistics and percentages make exceptionally dull history (if, indeed, such lists of 'facts' can be said to be history at all). Although not without some basic actuarial value, studies which rely on statistical data for their main body of evidence can paint a one dimensional, distorted and possibly misinformed picture of that institution,

⁵⁹ See, for example, Anne Borsay, 'Using the Records of an Eighteenth-Century Infirmary', *Archives* 25 (1994): 172-182; Barbara L. Craig, 'The Role of Records and of Record Keeping in the Development of the Modern Hospital in London, England and Ontario, Canada, c. 1890-1940', *Bull. Hist. Med.* 65 (1991): 376-397; Guenter B. Risse and John Harley Warner, 'Reconstructing Clinical Activities: Patient Records in Medical History', *Social History of Medicine* 5 (1992): 183-205; Ortrun Riha, 'Surgical Case Records as an Historical Source', *Social History of Medicine* 8 (1995): 271-283; Guenter B Risse, 'Hospital History: New Sources and Methods', in Roy Porter and Andrew Wear (eds.), *Problems and Methods in the History of Medicine*, (London: Croom Helm, 1987), pp. 175-204; Anne Digby, 'Quantitative and Qualitative Perspectives on the Asylum', in *ibid.*, pp. 153-174; Michael Barfoot, 'Reading Records and Writing Hospital History', (Unpublished paper, nd.); Allan Beveridge, 'Madness in Victorian Edinburgh: A Study of Patients Admitted to the Royal Edinburgh Asylum Under Thomas Clouston, 1873-1908', *History of Psychiatry* 6 (1995): 21-54 and 133-156.

whilst failing to engage with pertinent social questions.⁶⁰ If such data oriented methods *are* used, it is important that they are done so to supplement a more qualitative study, and as an adjunct to a consideration of the wider social forces which shaped and defined medical practice, rather than as a definitive starting point for historical conclusions.

The patients' records for the Edinburgh Hospital for Women and Children are generally fairly detailed. Although only a tiny institution, the Hospital was crucial to the medical women of Edinburgh because it offered the first generation of female medical graduates in Scotland the chance to gain valuable clinical experience.⁶¹ This was especially important as positions as resident house officers remained unobtainable at the male run general hospitals in Edinburgh until 1891.⁶² As we have seen, from March 1885 medical education had been made available to women at the extra-mural classes at the Royal College of Physicians in Edinburgh, and from June of 1886 also at the Edinburgh School of Medicine for Women, founded by Jex-Blake.⁶³ As the advancement of the careers of medical women was one of the most important concerns in Sophia Jex-Blake's life,⁶⁴ she regarded the Edinburgh Hospital for Women and Children as an important, if limited,

⁶⁰ Guenter B. Risse's study of the Royal Infirmary of Edinburgh has been criticised for using hospital records in such as way. See Guenter B. Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh*, (Cambridge: Cambridge University Press, 1986). For a vigorous critique of Risse's method, see Michael Barfoot, op. cit. (n. 174). For a discussion of problem of retrospective diagnosis, see W. Bynum and A. Neve, 'Hamlet on the Couch', in W. Bynum, R. Porter and J. Shepherd (eds.), *The Anatomy of Madness*, vol. 1, (London: Tavistock, 1985), pp. 289-304.

⁶¹ From 1886 the medical women were permitted to attend classes of clinical instruction at Leith Hospital during their medical education. See chapter 1 above. They did not, however, act as resident physicians, but simply attended five weeks of instruction in the wards.

⁶² In 1891 Dr. Alice McLaren was appointed House Physician at Leith Hospital; Leith Hospital Annual Report 1891, p. 16. The entry of women to house officer positions remained slow. In 1915 Gertrude Herzfeld, who acted as surgeon to the Edinburgh Hospital for Women and Children from 1920 to 1955, was the first woman to gain a post as House Surgeon. This was at the Royal Hospital for Sick Children. Herzfeld observes that it was only with the shortage of male doctors - a consequence of the first world war - that women were able to gain places as house officers more readily. See Gertrude Herzfeld, 'Forty Years of Surgery: Some Random Recollections and Reflections', *Journal of the Medical Women's Federation* 39 (1957): 245-249.

⁶³ Todd, op. cit. (n. 27), pp. 496-500. The Edinburgh School of Medicine for Women is not mentioned in the Medical Directory until 1888.

⁶⁴ Ibid., p. 501, and pp. 536-537.

arena in which the young medical women could gain some practical experience. During its first two years, the “want of [a] resident physician ... made it impossible to undertake any serious cases, and consequently the work of the hospital ... [was] confined to chronic cases - hence the small number of patients, and the length of their stay in the hospital”.⁶⁵ By 1887, however, there was an uninterrupted stream of Resident Medical Officers in attendance. Thus, although small, the Edinburgh Hospital for Women and Children provided a unique forum in Scotland for the practice of medicine by women doctors.⁶⁶ This reason alone may account for the often thorough and comprehensive case notes which are available from these early years.⁶⁷

As the first hospital founded and run in Scotland by women doctors, the Edinburgh Hospital was also, in many respects, a show-case for the medical women to prove their abilities and competence as physicians in their own right. Indeed, this may account for some of the self-congratulatory entries in the patients records during the early years of the Hospital’s establishment.⁶⁸ Initially, the professional isolation of Jex-Blake and the other medical women at the Hospital was severe,⁶⁹ and although they were able to count on the support of Drs. Balfour, Heron-Watson, and Clouston, there was much pressure on Jex-Blake, and on the young resident physicians

⁶⁵ Executive Committee Minute Books, vol. II, 11th January 1886, p. 67.

⁶⁶ As noted above, the fact that the Hospital was used to provide women medical students with clinical experience accounts for the often detailed nature of the clinical records. Indeed, when there is a gap between the appointment of one resident medical officer and another, the case notes often become more cursory and insubstantial in terms of the information they yield, especially with regard to case histories.

⁶⁷ By the time the Hospital moved to Bruntsfield Lodge in 1899, the case notes are far more condensed and uninformative. In the early records, from 1885 to 1899 there is often extensive information recorded concerning the patients age, marital status, address, past history, present illness and possible cause of illness. This is in addition to substantial remarks on the progress the patients is making, their behaviour, how they are feeling, why they are discharged, and observations made by the patient with regard to the treatment she is receiving.

⁶⁸ See, for example, Edinburgh Hospital for Women and Children Register of Patients, vol. 1, p. 170. This patient, a 26 year old servant, entered the Edinburgh Hospital unable to walk due to acute rheumatism. Her mistress was paying for her treatment at the Hospital. However, after a week’s treatment, the mistress refused to pay for the girl any longer, and insisted that she be sent to the Infirmary for free treatment. The medical women recorded, with some elation, that after a week in their care the patient was able to “walk into the van!” which had come to collect her. See also *ibid.*, vol. 1, p. 26; and p. 27; vol. 2, p. 4.

⁶⁹ Todd, *op. cit.* (n. 27), p. 459.

who worked at the Hospital, to demonstrate their abilities without reliance on, or access to, the male medical world.⁷⁰ This early period is of particular interest, as it was especially during these years that the medical women were an unknown quantity in the profession, and quite clearly outsiders. Struggling to establish themselves as doctors on an equal footing with men, in many respects, they were compelled to shape their practice to fit the arguments which they had used to gain entry to the medical profession in the 1870s, as well as to meet the expectations of Victorian society, which still saw women as the caring, nurturing and gentler sex.

It is worth considering, therefore, that many entries in the records may have served to bolster the medical women's own morale by providing a record of their successes in medical practice: to confirm their arguments that there *was* a need for women doctors; that they *could* cure patients as well as their male counterparts. Furthermore, those cases which appeared to justify the need for female physicians were painstakingly recorded. Patient number 143 is a case in point. She had been suffering from vomiting and "severe pain in the left inguinal region", and had previously been treated for this at the Great Northern Hospital in London and the Western in Glasgow. The patient was noted to have left the latter to be treated at the Edinburgh Hospital for Women and Children "on account of '80 students' being present at [her] examination".⁷¹ As a social document which records the practices and attitudes of the first generation of women doctors operating in a hostile male

⁷⁰ The possibility that such separate institutions enabled medical women to practice their own particular style of therapeutics has provided the focus for a number of recent studies of women-run hospitals in America. For example, Virginia Drachman, 'Female Solidarity and Professional Success: The Dilemma of Women Doctors in Late Nineteenth-Century America', *Journal of Social History* 15 (1981-1982): 607-619

Regina Markell Morantz and Sue Zschoche, 'Professionalism, Feminism, and Gender Roles: A Comparative Study of Nineteenth-Century Medical Therapeutics', *Journal of American History* 67 (1980-1981): 586-588; Virginia Drachman, 'The Limits of Progress: The Professional Lives of Women Doctors, 1881-1926,' *Bulletin for the History of Medicine* 60 (1986): 58-72.

⁷¹ Edinburgh Hospital for Women and Children, Register of Patients, vol. 1, p. 143. The fact that women's modesty was being invaded by male doctors and also by crowds of male medical students in the general hospitals was one of the arguments used by the medical women to gain access to the profession. That the Edinburgh Hospital was not used as a teaching hospital may also have been one of the reasons why women were keen to go there with their gynaecological illnesses.

professional environment, it is important to be aware that the rhetoric of the Hospital case notes may have served a number of purposes.

4.2. Food, Rest and Purgatives: Medical Practice at the Edinburgh Hospital for Women and Children

“My professional life is, I find, largely a crusade against tea and alcohol”, reported Jex-Blake to Edith Pechey in 1879.⁷² Judging by the clinical records of the Edinburgh Hospital for Women and Children, it was also a crusade against bad diet, constipation, fatigue and lack of fresh air. From the outset, women attended the Hospital whose ailments Jex-Blake judged could most effectively be treated by the systematic application of the same basic rules of hygiene which had formed a central theme in the medical women’s arguments to enter the profession.

The patients’ records of the Hospital run from the first patient admitted on 24th September 1885 to 6th August 1901, two years after the Hospital moved to Bruntsfield Lodge on the departure of Jex-Blake from Edinburgh in 1899. Although registers of patients’ exist from 1920, there are no case notes other than those which deal with the first sixteen years of the Hospital’s existence.⁷³ For the purposes of this chapter each case at the Hospital was looked at individually and the information contained in it considered. The case notes vary considerably in the amount of detail they record about treatment, symptoms, general remarks and comments. A computer data base (SPSS) was also used, and the quantitative information which this yielded was used to reinforce the conclusions which had been drawn from reading and analysing the records. Between the years 1885 and 1899, a total of 523

⁷² Todd, op. cit. (n. 27), p. 464.

⁷³ The conclusions drawn for this chapter are based on the records from the years 1885 to 1899. With the removal of the Hospital to Bruntsfield Lodge at the end of 1899, the case notes become so vague and uninformative as to be of little use for the analysis attempted in this chapter, which depends on more extensive notes and comments for its success. The records from these two years, whilst not undermining the thesis attempted here, have little to offer in terms of the statistical analysis. They have, therefore, been omitted from the data base.

patients attended the hospital, 66 of whom were children, and 49 of whom were re-admissions.⁷⁴ Most of the patients stayed in the Hospital for an average of two weeks, though many stayed for up to six weeks or two months. During this time they were subjected to a rigorous regime of food and rest, with their recovery aided by whatever medication would help to restore regularity and vitality to the body.

To begin with, we must ascertain what types of illnesses were presented at the Edinburgh Hospital. One third of those cases treated involved organic disorders - eczema, rheumatism, varicose veins, bronchitis and tuberculosis, for example.⁷⁵ Gynaecological complaints were recorded in 117 cases, or 25.6% of all the cases entered in the medical records. Those which were presented most often were miscarriages (7%), dysmenorrhoea (painful menstruation) (5.5%), whilst menorrhagia (excessive menstruation) and the more vague "uterine pain" each made up 3.3%.⁷⁶ Sixteen minor gynaecological operations were performed in the Hospital during the period under analysis: three incidences of an "incised os", whereby the cervix was snipped to relieve dysmenorrhoea,⁷⁷ the removal of seven cervical polyps,⁷⁸ and one corrected fistula.⁷⁹ Five patients were "curretted", which involved the scraping out of the uterus.⁸⁰ The only major operation performed at the Edinburgh Hospital in this period was the operation on one patient for the removal of a malignant uterine growth. This operation was performed by a male doctor, Dr. Watson, although a crowd of six women doctors and one other male doctor were present at the operation.⁸¹ Those patients who were

⁷⁴ No children were re-admitted. Percentages are calculated from a total of 457 patients. Children are omitted from the calculations.

⁷⁵ See appendix I. Many of these complaints were related to poor living and working conditions. This will be discussed in chapter 4 below.

⁷⁶ See appendix I.

⁷⁷ Register of Patients, vol. 1, p. 143, p. 146 and 155, and p. 402.

⁷⁸ Ibid, p. 109, p. 189, p. 230, p. 283; vol. 2, p. 75, 157 and p. 158.

⁷⁹ Ibid., p. 29.

⁸⁰ Ibid., p. 31, p. 32, p. 84, p. 151, p. 144. The use of curetting increased markedly when the Hospital moved to larger and better equipped premises in 1899. From this date until the records cease in 1901 a further 8 patients received this treatment. Register of Patients, vol. 2, p. 184, p. 185, p. 251, p. 255, p. 259, p. 263, p. 272, and p. 278.

⁸¹ The patient died from "thrombosis of the right ventricle and pulmonary artery", rather than from her uterine disease. The six women doctors present were Drs. Hutchison, Jex-Blake, Todd, Venters, Collett, McGregor. Male doctors present were Dr. Michael and Dr.

in need of more complex gynaecological surgery were usually referred to one of the city's voluntary hospitals, as the Edinburgh Hospital did not possess the necessary equipment, and its doctors did not have the expertise, for major operations.⁸² Douches and a "carbolic wash out" were the most common treatments in cases of miscarriage, "flooding", leucorrhoea, menorrhagia and dysmenorrhoea, often used in conjunction with a "glycerine plug".⁸³ Most often the uterine or menstrual disorder was recorded in conjunction with more general complaints, such as anaemia, weakness and debility,⁸⁴ and was treated with a general regime of bed rest and attention to the diet and the building up of the body's strength.

The protection of women's modesty through the treatment of uterine diseases and gynaecological complaints and disorders by female doctors had been touted by the medical women as being one of the main reasons why women should be allowed to enter the medical profession as doctors. In their own hospital in Edinburgh, women suffering from such ailments did come to the medical women to be treated. However, gynaecological complaints did not make up the bulk of those cases which the medical women treated in the Edinburgh Hospital in this period. Rather, a constellation of inter-related functional conditions made up the most frequently occurring cases presented at the Edinburgh Hospital. This constellation of complaints included weakness and debility, dyspepsia, acute constipation which had resulted in lassitude and abdominal pain, anorexia or loss of appetite and emaciation, nervousness, hysteria, insomnia, anaemia and headaches.⁸⁵

Such conditions, which are both somatic and psychological, appear far more frequently in the case notes than either the gynaecological or the specific organic complaints discussed above. They were recorded in the case

Haig Ferguson (the latter we shall meet again in chapter 5 speaking in favour of the medical women). Register of Patients, vol. 1, p. 167 and 262.

⁸² See *ibid.*, p. 185, who had a hysterectomy; *ibid.*, p. 287 who was given an ovariectomy by professor Simpson, and vol. 2, p. 12, who had an ovarian cyst removed by surgeons at Leith Hospital.

⁸³ 29 patients who were admitted with gynaecological complaints were treated in this way. See, for example, Register of Patients, vol. 1, p. 59, p. 179, p. 181, p. 190, p. 193, p. 240, p. 299; vol. 2, p. 6, p. 23, p. 47, p. 50, p. 70, p. 79, p. 81.

⁸⁴ See appendix I

⁸⁵ See appendix I.

notes either as discreet illnesses, or as symptoms accompanying some other malady, often gynaecological, such as dysmenorrhoea or miscarriage. Indeed, 82% of all the cases at the Hospital were identified as having one or more of these particular functional ailments, with 51.4% noted to be suffering from between three and ten of them. Over 90% of those who presented with gynaecological problems, and 83% of those who presented with organic complaints, were noted as also having one or more functional disorder.⁸⁶ The evidence from the patients records suggests that many of the more specific, gynaecological or organic conditions which were presented at the Hospital were understood by the medical women to be best treated through a more holistic, functional understanding of illness. This can be demonstrated by looking at the therapeutic work at the Edinburgh Hospital. A qualitative analysis of the clinical records shows that the majority of women in the Hospital were subjected to a generalised hygienic regimen.

The first patient to be treated at the Hospital, for instance, had been a dispensary patient who suffered from “pain ... varying in position”. Diagnosed as being mainly troubled with constipation and a slight uterine disorder, she was ordered to rest and to “go out when [the] weather [is] good”. At the same time she was dosed with laxatives and tonics to purge the system and build her strength; given a sleeping pill and made to take a hot bath every night. This regime continued for six weeks, at which point she was discharged “much improved” to the Dispensary.⁸⁷ Another typical example is Miss 23. She entered the hospital suffering from “over fatigue and exhaustion” due to “insufficient food and hard work”. She was also afflicted with anaemia and constipation. Treatment consisted of a two week stay in the Hospital, with plenty of rest, and tonics to reduce anaemia and restore vitality. Great attention was paid to her diet, with “meat daily for dinner, fish or eggs for supper”.⁸⁸ Similarly Miss 5. This patient was admitted with an assortment of functional complaints: constipation, flatulence, a “history of vomiting all food”, headache, anaemia, dyspepsia and sleeplessness; an organic complaint, rheumatism; and a minor gynaecological problem,

⁸⁶ See appendix I.

⁸⁷ Register of Patients, vol. 1, p. 1.

⁸⁸ Ibid., p. 23.

leuchorrhoea. Perhaps not surprisingly, given this catalogue of health problems, she was also recorded as being despondent and apathetic. She was given sulphonal (a sedative), laxatives, a sleeping draught, hot milk, daily massage, iron tonic and “liberal diet”.⁸⁹

It must be pointed out that throughout the case notes from the Edinburgh Hospital the same pills and tonics are dispensed again and again for what are evidently judged to be similar kinds of illnesses. Reference to a contemporary pharmacopoeia reveals that these preparations were almost always simply “blood tonics” for treatment of anaemia; laxatives and “liver stimulants”, such as tincture or pilula podophylli; general tonics; tonics for nerves or digestive system; and laxatives of varying strength. Gastric sedatives, such as pepsin, bismuth or rhei (rhubarb root), and sleeping pills or draughts, such as belladonna, “pill 88”, or sulfonal, were also regularly employed. The most commonly used “tonics” were mistura valerian, for the nervous and run down; mixtures of arsenic (or “liquid arsenicals”), quinine (or cinchona) and iron for the run down and anaemic; and strychnine, quinine and iron, “Blaud’s Pill”, or “Easton’s Syrup” for the nervous and anaemic.⁹⁰ Basic iron mixture (Mistura Ferri), was also regularly prescribed when the patient was considered to be anaemic. Described by Clouston as “one of the most powerful tonics ... [used in] the restoration of the red blood corpuscles when [they are] defective in amount”, it was regarded by the profession as one of the most effective tonics in such cases.⁹¹ A mixture of iron and digitalis was used as a tonic for those with a heart condition and anaemia;⁹²

⁸⁹ Ibid., vol. 2, p. 5. See also Miss 34, a compositor suffering from anaemia and “pain in [her] shoulder and back” (the result of “too much work”), was ordered to eat “plenty of fruit and vegetables [and] ... lemon juice”, whilst her anaemia was diminished through draughts of iron tonic. Ibid., vol. 1, p. 34. Another typical case is Miss 279, a domestic servant prostrated with breathlessness, weakness, constipation and anaemia. She was given “abundant food”, as well as laxatives and mixtures for strengthening the blood and nerves.” Ibid., p. 279.

⁹⁰ Christison claimed that such tonics revived the appetite and digestion. See Robert Christison, ‘Lectures on General Therapeutics’, op. cit. (n. 11), p. 21.

⁹¹ Clouston, *Scientific Way*, op. cit. (n. 41), pp. 12-13.

⁹² Thomas Alexander, *Pharmacopoeia of the Royal Infirmary of Edinburgh*, 2nd Edition, (Edinburgh: James Thin, 1896).

whilst, as Clouston had observed in his own work, digitalis and belladonna were most successfully employed “when there are hysterical symptoms”.⁹³

“[R]est and tonic treatment” formed a central aspect of the medical women’s approach to curing the weak, overworked and generally run down women who attended the hospital in this early period.⁹⁴ Tonics were regarded as a gentle and cumulative means of restoring the body to strength and vitality. “Without any appreciable immediate effects” Christison had observed in his lectures,

they slowly strengthen the pulse, improve digestion, increase the power of the voluntary muscles, and allay undue nervous excitability. In the long run, the pulse, digestion, muscular tone, and nervous tension are fortified, and in concert with these the whole bodily and even mental functions.⁹⁵

This description seems to suit the majority of cases which were treated by the medical women. A typical example is the case of Miss 298. Being “generally run down and anaemic” with “indigestion and anorexia”, she was ordered “to be fed very well [with] entire rest in bed”, whilst iron mixtures, general tonics, Blaud’s Pill and “saline purgatives” were administered.⁹⁶

For some, simply the basic aspects of regimen, rest or a good diet, were sufficient to restore health, with no medications being prescribed at all. Mrs 281, aged only 28 but with nine children and two miscarriages behind her, was simply “admitted for a rest”,⁹⁷ and Mrs 48’s debility was noted as requiring “no treatment by medicine ... [just] good food”.⁹⁸ The fact that the

⁹³ Thomas Clouston, ‘On the Use of Hypnotics, Sedatives and Motor Depressants in the Treatment of Mental Diseases’, re-printed from the *American Journal of the Medical Sciences* (1889), p. 8. This is not to suggest that Clouston (or Christison) were themselves directly involved in the running of the Edinburgh Hospital for Women and Children, or had any connection with the Hospital, other than, in the case of Clouston, as an occasional consultant (see chapter 4 below). However, their emphasis on the benefits of limited use of specific aperients and tonics as an aspect of regimen has strong parallels with the use of medications - laxatives, tonics and indigestion remedies - in the clinical regime at the Edinburgh Hospital.

⁹⁴ Register of Patients, vol. 2, p. 96.

⁹⁵ Christison, ‘General Therapeutics’, op. cit. (n. 11), p. 20.

⁹⁶ Register of Patients, vol. 1, p. 298.

⁹⁷ Ibid., vol. 2, p. 137.

⁹⁸ Ibid., vol. 1, p. 48.

diet of many patients was commented on suggests that it was a matter of therapeutic importance to the medical women. Bennett's claim that "of all the causes of disease, irregularity of diet is the most common" and that "of all the means of cure at our disposal, attention to the quantity and quality of the ingesta is by far the most powerful",⁹⁹ was adhered to by the medical women. Beef tea, eggs, milk, milk puddings and custards, fish, mutton, beef, fresh vegetables and fruit, even "brandy in milk" and claret were introduced into the patients' diet if they were considered necessary, and the results of this closely observed. "Much improved ... looking fat and well fed up generally", is a typically satisfied reflection on the effectiveness of this treatment.¹⁰⁰ Indeed, it is worth noting that in 1892 there was some disagreement between the House Committee and the Attending Medical Officer concerning the amount of money being spent on food and groceries in the hospital.¹⁰¹

Bad diet was blamed not only for the debilitated, anaemic and anorexic state of so many of the patients, but also for the chronic constipation from which many of them suffered. Miss 82, for instance, whose symptoms included "jaundice, constipation, breathlessness, debility [and] headache" remarked that she had "always been rather constipated", which was observed to be "probably in consequence of badly managed and insufficient food".¹⁰² The laws of physiology and hygiene taught that an irregular lifestyle and poorly managed diet could lead to constipation, which, in turn could cause metabolic derangement and bodily illness. 55% of those admitted to the Hospital over this period had constipation noted down as a symptom, illness, or cause of their illness, whilst almost all patients were given laxatives as a matter of course, even if the "loaded" state of their bowels was not specifically mentioned.¹⁰³

The regulation of this vital bodily function at the Hospital was achieved through clearing out the system with a laxative, which ranged from

⁹⁹ Bennett, 'Contributions to Pathology', op cit. (n. 3), p. 227.

¹⁰⁰ Register of Patients, vol. 1, p. 124.

¹⁰¹ Executive Committee Minute Book, vol. 2, pp. 201- 202.

¹⁰² Register of Patients, vol. 1, p. 82.

¹⁰³ See appendix I.

the homely “rhubarb” and “fresh fruit”, to the more medicinal “haustus aperient”, “tincture podophilli”, and “pil. cascarae sagradae”.¹⁰⁴ In the last resort, these latter medicines could be combined with an enema of soap and water or castor oil,¹⁰⁵ or (if the condition was deemed to be “intractable”) the monstrous sounding “stretched sphincter”.¹⁰⁶ Almost every patient was subjected to one or other of these purgatives during their stay in the Hospital. Once cleared of its stasis, however, the metabolic functions could then be regulated and the body restored to health through a balanced diet, rest, tonics, and fresh air. Miss 243, for instance, a shop assistant admitted with dyspepsia, constipation and anaemia, the result of “confinement and irregular dieting”, remained in the Hospital for two weeks, while laxatives, food and iron tonics were administered until she was considered to be fully “cured”.¹⁰⁷ Mrs 286 suffered from “vomiting and constipation”, which was attributed to “irregular diet”¹⁰⁸, whilst the “anaemia, debility and constipation” of Miss 291 was also attributed to “insufficient feeding at home”.¹⁰⁹ Both patients (and indeed, most others with similar complaints) were treated with attention to diet and the building up of strength, rest, and the restoration of bowel movement regularity.¹¹⁰

Fresh air and exercise were also prescribed as a part of the general therapeutics practised at the Edinburgh Hospital for Women and Children.¹¹¹

¹⁰⁴ The women’s hospital made use of a number of different laxatives over the years, also used were Ol. Ricine, calomel (the next best thing to a stick of dynamite), mistura E.E.E. (see vol. 2, p. 123 “constipated in spite of Mist. E.E.E.), and pilula crotonius (see vol. 1, 125, “bowels very constipated, pil. crotonius given, which proved very effectual.”) The range of laxatives used at the Edinburgh Hospital for Women was extensive. These last four are the most powerful.

¹⁰⁵ Register of Patients, vol. 2, p. 167.

¹⁰⁶ Ibid., vol. 1, p. 14.

¹⁰⁷ Ibid., p. 243.

¹⁰⁸ Ibid., p. 286.

¹⁰⁹ Ibid., p. 291.

¹¹⁰ See also *ibid.*, p. 298, “generally run down and anaemic” with indigestion and anorexia, was “to be fed very well” and ordered to take “entire rest in bed”. The usual purgatives and tonics were administered. A final example can be found in Miss 169, a 20 year old “rubber worker” who had been “living off bread and butter”, resulting in her “feeling out of sorts and unfit for work”. Again, laxatives were administered, and she was ordered to rest in bed and go out into the fresh air. *Ibid.*, p. 169. See also *ibid.*, p. 63, p. 64, p. 43, and p. 49 for examples of the importance of diet in the treatment patients in this hospital.

¹¹¹ Fresh air and exercise had been recommended as important aspects of regimen by Christison, and put into practice with characteristic vigour and enthusiasm by Clouston at

When the Hospital moved to Bruntsfield Lodge in 1899, the acquisition of a garden was considered to be a great asset to the treatment of patients. Walking around or lying out in the garden was encouraged as an important part of treatment.¹¹² The veranda for the patients to sit on, or have their beds wheeled onto, which the new hospital building possessed was also reported enthusiastically as an aid to recovery in the annual reports from 1899 onwards.¹¹³ Furthermore, the need for a breezy and open location was stressed by the hospital staff when they were searching for a new building for the Hospital in the mid 1890s.¹¹⁴ Prior to the move, however, the hospital in Grove Street was not well situated for taking fresh air, being in a crowded and poor part of town, plagued by the drains and down-wind from the Brewery.¹¹⁵ Instead the patients were encouraged to “walk 1/2 hour daily”¹¹⁶ and to go outside whenever the weather permitted.¹¹⁷

Many menstrual problems were also treated with attention to diet, purgation and rest, the regularity of the menses being regarded as a crucial part of the ordered female metabolism. Menstrual regularity could often be restored once the organism was purged of toxic substances, nourished and rested. Mrs 146, for example, was admitted with “backache, leucorrhoea, bad appetite” and constipation in July 1890, and again with “abdominal pain and constipation” in October of the same year. After a minor gynaecological operation - an “incised os” - she was given an anti-septic wash-out, and subjected to the usual litany of aperients and tonics, with “beef tea, whipped

the asylum. Lack of exercise, Christison had maintained, resulted in the individual becoming “flaccid, feeble and easily fatigued”, whilst the appetite became “enfeebled, the digestion impaired, and the bowels rendered costive.” Christison, ‘Regimen and Exercise’, op. cit. (n. 11), p. 2 and pp. 8-9. For Clouston’s emphasis on the benefits of outdoor activity, see Clouston, *Scientific Way*, op. cit. (n. 41), pp. 12-13.

¹¹² From 1900, when the Hospital moved from Grove Street to Bruntsfield Lodge, the records increasingly noted “rest in bed ... plenty of nourishing food ... out in garden” as the three most important instructions. Laxatives, tonics and gastric sedatives continue to be administered in addition to this. See, for example, Register of Patients, vol. 2, p. 174, p. 176, p. 186, and. p. 205.

¹¹³ EHWC Annual Report 1900, p. 3.

¹¹⁴ Executive Committee Minutes, vol. 2, 6th July 1896, p. 221.

¹¹⁵ Ibid., 10th Jan. 1890, pp. 171-172.

¹¹⁶ Register of Patients, vol. 2, p. 10.

¹¹⁷ For example, ibid., vol. 1, p. 1.

eggs and milk every three hours”.¹¹⁸ Her menstrual cycle was monitored, and she was discharged when bowels and menstruation had become regular. Mrs 167, who suffered from “frequent menstruation, general weakness, nervousness and loss of power in [her] legs” was to “rest in bed” and “lie out in [the] garden”. In addition to this, castor oil enemas were used to unblock her system, whilst a balanced diet and iron tonics restored her to strength and helped to regulate her erratic menstrual cycle.¹¹⁹

Finally, “cured” patients were often discharged with advice as to how best to change their lifestyle, in order to maintain the health which they had regained in the Hospital. Miss 9 and Miss 139, for example, were both discharged “with great caution as to food”,¹²⁰ Miss 2 a nineteen year old sewing maid, having been relieved of her diarrhoea, vomiting and abdominal pain, was discharged with a “warn[ing] against constipation and unsuitable diet”;¹²¹ whilst Miss 42, a seventeen year old dressmaker, who had been “emaciated [and] anaemic” with a “painful cough”, was advised, on leaving, “only to go out in sunshine ... to take all care ... [and] to give up dressmaking”.¹²²

This evidence suggests that the therapeutic methods pursued by the medical women at the Edinburgh Hospital for Women and Children were linked to a particular view of the body - one in which the organism is seen as a dynamic system constantly interacting with, and responding to, its environment. Health was synonymous with a balance in the body’s physiological state, and the same laws which applied to the maintenance of

¹¹⁸ Ibid., p. 146. In addition to these practices, those patients with uterine disorders were generally also given a douche with a mild solution of carbolic acid and had a “counter-irritant”, such as liniment or tincture of iodine, painted over the affected area. This process was the same as that employed at the Asylum for women suffering from puerperal mania. See Thompson, op. cit. (n. 40), p. 230.

¹¹⁹ Register of Patients, vol. 2, p. 167. Similarly, *ibid.*, p. 238, a bookfolder admitted with “general weakness, dysmenorrhoea and constipation”, was “cured” under the same regime. This whole, apparently simple, process took over 2 months to accomplish - the patient remaining in the hospital from 22nd March to 30th May 1901. A high proportion of those who were admitted with gynaecological problems also exhibited many functional complaints also. See appendix I.

¹²⁰ Register of Patients, vol. 1, p. 9 and p. 139.

¹²¹ Ibid., vol. 2, p. 2.

¹²² Ibid., p. 42. See also *ibid.*, p. 65 who was given laxatives to take with her to “keep [her] bowels regular”.

good health and the prevention of illness - those of hygiene and holistic physiology - could also be applied to the treatment of the sick. Once the body had become sick, efforts to regain health depended on a careful monitoring of the body's consumption and evacuation, and the re-establishment of a regular functioning of the metabolism through such physiological essentials as a balanced diet, rest, fresh air, and regularity of the bowels and the menses.

5. Physiology and Medical Therapeutics c.1870-1900

The cases cited above are all typical of the illnesses and treatment of the vast majority of patients who attended the Edinburgh Hospital for Women and Children during the late nineteenth century. Although not involving radical surgery,¹²³ or being acute medical cases, it is important to note the particular interpretation of physiology which the medical women drew on in their practice as physicians.

During the mid to late nineteenth century, the principles of what shall here be called 'holistic' physiology were generally understood to be concerned with those laws which governed the action and interaction of different parts and organs of the body, both with each other, and as a result of external stimuli. Throughout this period, this conception of physiology was of value to medical practice as it explained the way in which the application of diet and regimen, and other aspects of hygiene, could benefit the body, both in sickness and in health. It also provided the doctor with an understanding of the transmission and action of drugs throughout the body as a whole.

It seems clear that a central theme in the medical women's practice of medicine was the use of the holistic conception of physiology as a guide to the regulation of deranged bodily functions through the application of diet and regimen. The use of medications remained limited mainly to laxatives,

¹²³ Only 3.7% of all cases involved gynaecological operations (17 patients). These were mostly for the removal of uterine polyps; "incising" the cervix, and curetting. See appendix I.

indigestion remedies and tonics, which would assist in this process of bodily regulation. This is not to suggest that such an understanding and application of physiological principles was not appreciated and used by physicians in general. As we have seen, Christison was at pains to impress upon medical men the importance of diet and regimen as an aspect of general medical therapeutics. As we have also seen, however, he went on to criticise the profession for its increasing over-reliance on drugs in the practice of medicine.

As outlined in the previous chapter, during this period the understanding of what actually constituted the discipline of physiology matured and developed to reflect the growing preoccupation of the medical profession with specialised and esoteric forms of knowledge. From the 1870s, a new understanding of physiology emerged: that based on the fruits of laboratory experiments and vivisection, which perceived the body in terms of its specific organs, and explored the response of these specific organs to particular drugs.¹²⁴ The discipline of physiology increasingly came to be understood by the medical profession in terms of this organ-centred reductionist model. Physicians (and clinicians) in general during this period had little or no direct contact with the newly emerging physiology laboratories. However, the way in which this new conception of physiology was perceived to serve medical and clinical practice was none the less influenced by these developments, as the use of medication to target specific disorders, rather than the application of a more general regime of diet and regimen, increasingly came to characterise medical practise.¹²⁵ The development of pharmacology in the latter third of the nineteenth century, in conjunction with the increasing importance of experimental physiology, benefited from, and exacerbated, this trend.

¹²⁴ Gaddum argues that the use of physiology for medical therapeutics shifted from a more holistic conception of the body to one which focused more on the action of drugs on the specific organs. "Christison studied the mode of action of drugs on animals" he remarks, "Fraser [Christison's successor] studied their mode of action on organs". J.H. Gaddum, op. cit. (n. 24), p. 730.

¹²⁵ John Harley Warner, 'Physiological Theory and Therapeutic Explanation in the 1860s: The British Debate on the Medical Use of Alcohol,' *Bulletin of the History of Medicine* 54 (1980): 235-257.

In Edinburgh, from the 1870s, “the science of pharmacology developed strongly ... where it evolved from long established courses in materia medica”.¹²⁶ From the late 1870s its links with experimental physiology were becoming apparent.¹²⁷ In his application for the Chair of Materia Medica on the death of Christison in 1877, for instance, Thomas Fraser (who had worked as Christison’s assistant) was “supported by a very large number of physiologists and pharmacologists ... including Sharpey, Burdon Sanderson ... Lauder Brunton, Gamgee ... [and] Carl Ludwig”.¹²⁸ Building on the work of Christison, the researches of Fraser in the 1880s and 1890s emphasised the significance for medicine of the “alliance between materia medica and physiology, which gave birth to the science of pharmacology”.¹²⁹ By 1899, “the application of physiological methods to the problems of therapeutics” was well established, with “new knowledge of the action of drugs [being] based on exact physiological experiments”.¹³⁰ With the development of pharmacology, therefore, the way in which physiological knowledge was considered to be of use to medical therapeutics also shifted. It came to be regarded as the medical discipline that provided a detailed knowledge of the body which the physician, as specialist, drew upon to ascertain the correct dosage of medication for specific illnesses and diseases.¹³¹

Certainly, during this period, the boundaries of what actually constituted the discipline of physiology and its role in medical practice were neither fixed nor permanent, nor even universally agreed upon. The shift in the understanding and interpretation of physiological knowledge for medical therapeutics was, of course, a gradual process. Few physicians in the late nineteenth century would have ignored the importance of hygienic factors and

¹²⁶ W.F. Bynum and Roy Porter (eds.), *Companion Encyclopaedia of the History of Medicine*, (Routledge: London and New York, 1994), vol. 2, chapter 39, Miles Weatherall, ‘Drug Therapies’, p. 921.

¹²⁷ See chapter 2 for a discussion of the development of experimental physiology in Edinburgh in this period.

¹²⁸ J.H. Gaddum, op. cit. (n. 124), p. 725. All these men were leaders of the new experimental school of physiology which emerged in the late nineteenth century.

¹²⁹ Ibid., p. 728.

¹³⁰ Ibid., pp. 728-729.

¹³¹ Christison on Notes and Lectures on Materia Medica and Dietetics, Lecture Notes 1832-1874, op. cit. (n. 11), p. 38.

regimen in their diagnosis and treatment of individual patients. However, as Morantz-Sanchez has observed, increasingly during this period, “the science of medicine lay with the doctor’s ability to select the proper drug in the proper dose to bring about the proper physiological effect”,¹³² and to cure the patient through the means of medication, rather than the application of regimen.

From the 1830s to the mid 1870s, throughout his lectures on *materia medica* at the University of Edinburgh, Robert Christison had appealed to a particular theory in his conception of the body: that of holistic physiology. John Hughes Bennett referred to the same model in the teaching and practice of physiology in this period. It was also drawn upon by Thomas Clouston to explain and legitimise his clinical practices at the Royal Edinburgh Asylum. To be sure, the relationship between theory and practice is never explicitly stated in the case notes of the Edinburgh Hospital for Women and Children. However, the information contained in them suggests that medical practice at this institution could be explained and legitimised by theories of bodily function which were also based on the holistic conception of physiology. The concern with regimen and bodily order, and the emphasis on a holistic way of perceiving sickness and its eradication which prevailed at the Edinburgh Hospital had clear links with early and mid-century conceptions of medicine as a person-centred - rather than a disease oriented - practice.

6. Women Doctors and the Morality of Hygiene

This holistic way of viewing the patients and their illnesses informed the personal and professional ideologies of other pioneer women in the medical profession. Florence Nightingale and Elizabeth Blackwell, for instance, both stressed the importance of a holistic, hygienic approach to the

¹³² Regina Morantz-Sanchez, ‘Feminist Theory and Historical Practice: Re-Reading Elizabeth Blackwell’, *History and Theory* Beiheft 31 (1992): 51-69, p. 56. See also Charles E. Rosenberg, ‘The Therapeutic Revolution: Medicine, Meaning and Social Change in Nineteenth-Century America’, in Morris Vogel and Charles E. Rosenberg (eds.), *The Therapeutic Revolution: Essays on the Social History of American Medicine*, (Pennsylvania: University of Pennsylvania Press, 1979), pp. 3-25.

theory and practice of nursing and medicine for women. Little has been written about Nightingale's medical ideas, and the concepts which influenced and justified her program of hospital re-organisation and reform. However, Charles Rosenberg's essay on the subject¹³³ reveals that her emphasis on the importance of order - both within and outwith the body - as a means of regaining and maintaining health, has clear practical, if not ideological, similarities to the therapeutic practices of the doctors at the Edinburgh Hospital for Women and Children.

Nightingale had a "fundamentally holistic"¹³⁴ conception of what it meant to be sick, and both *Notes on Nursing* and *Notes on Hospitals* emphasise the importance of diet, fresh air, cleanliness and other aspects of hygiene and regimen in the recovery of the sick patient. Indeed, "[w]hat nursing ought to do", she declared in *Notes on Nursing*, is "to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet".¹³⁵ The nurse's role was ultimately about the care, rather than the diagnosis and cure, of the patient. However, the emphasis on hygiene and holism in Nightingale's professional canon would appear to be informed by similar medical principles and perceptions of the body to those which informed the clinical practices in use at the women's hospital in Edinburgh.

Similarly, Elizabeth Blackwell was one of the most vigorous proponents of the unique qualities which women would bring to the medical profession. She was also one of the most sustained critics of the new laboratory based approach to medicine.¹³⁶ She stressed the importance of treating the whole person, rather than just the specific sites of illness and disease, emphasising especially the environmental and moral causes of the

¹³³ Charles Rosenberg, 'Florence Nightingale on Contagion: The Hospital as Moral Universe', in Charles E. Rosenberg (ed.), *Healing and History: Essays for George Rosen*, (Folkestone: Dawson Science History Publications, 1979), pp. 116-136, p. 116.

¹³⁴ Ibid., p. 128.

¹³⁵ Victor Skretkowicz, *Florence Nightingale's Notes on Nursing*, (Harrow: Scutari Press, 1992), p. 16.

¹³⁶ Regina Markell Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*, (New York, Oxford: Oxford University Press, 1985), p. 196.

patient's illness.¹³⁷ Indeed, of paramount importance to both Nightingale and Blackwell was the notion that the role of the nurse, or woman doctor, was "ultimately a moral one".¹³⁸ Their understanding of the importance of order, both bodily and environmental, for the recovery of the patient was inextricably bound up with conceptions of morality, and the moral causes of bodily disease. It was dirt - often simply the result of personal slovenliness - and not germs, which caused an imbalance in the order and regularity of the bodily functions and thus disease. Both women were quite explicit in this, and denied the relevance of theories of contagion in understanding the cause of disease and its transmission.¹³⁹

It is a pertinent question to ask whether prescriptive hygienic 'advice' and the application of the 'laws of health' in therapeutic practice can, in fact, be divorced from morality. Frank Mort's work on the linkage between ideas of health and disease and moral and immoral notions of sexual behaviour, suggests that such differentiation is not possible.¹⁴⁰ As Mort has pointed out, "the loose and expansive use of the term 'moral' often makes it difficult to deconstruct its fields of reference".¹⁴¹ We must be aware that morality is not concerned only with the disciplining and regulation of sexuality. It also has wider connotations which encompass all aspects of social norms, codes and practices with regard to what is perceived to be correct and virtuous living, and the proper conduct of the individual. Even if not explicitly stated, therefore, the rhetorical and morally prescriptive nature of nineteenth-century therapeutics is implicit in both its language and its practice.

¹³⁷ For an in depth analysis of Elizabeth Blackwell's world-view, see Regina Morantz-Sanchez, op. cit. (n. 132); idem, 'Science, Morality and Women Doctors: Mary Putnam Jacobi and Elizabeth Blackwell as Representative Types', in *Sympathy and Science*, op. cit. (n. 137), pp. 184-202; idem, 'Feminism, Professionalism and Germs: The Thought of Mary Putnam Jacobi and Elizabeth Blackwell', *American Quarterly* 34 (1982): 461-478.

¹³⁸ Rosenberg, op. cit. (n. 133), p. 126.

¹³⁹ Morantz-Sanchez, op. cit. (n. 132), p. 187. "Suffice it to say" declared Nightingale in 1858, "that in the ordinary sense of the word there is no proof, such as would be admitted in any scientific inquiry, that there is any such thing as 'contagion'." Florence Nightingale, *Notes on Hospitals*, (London: John W. Parker and Son, 1859), p. 6.

¹⁴⁰ See Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England Since 1830*, (London and New York: Routledge and Kegan Paul, 1987).

¹⁴¹ Ibid., pp. 37-39.

According to Mort, such prescriptions stemmed from middle-class concerns for (what were considered to be) the ill health engendered by the dirty and therefore immoral habits of the working classes. They aimed at the inculcation of middle-class ideals among the working classes.¹⁴² Holistic physiology, the acceptance of which justified the use of regimen in therapeutics, forms a part of this rhetoric, as it clearly criticised the life-styles of the working classes and imposed on them a middle class view of the correct habits of cleanliness in mind and body. Such social norms - personal and public cleanliness, for instance, care of the body through diet, sleep and fresh air, and general temperance in all things - were sanctioned by middle class experts, the most powerful of these in this context being the medical profession.

Although quite clearly not without sympathy for working class women,¹⁴³ as Mort also suggests, those women who gained access to the medical profession were not only middle class, but also became part of a profession which lent its weight to the building of disciplinary discourses. Indeed, the hospital in general has been pin-pointed as representing a bastion of middle class values and social control.¹⁴⁴ In treating ill-health through prescriptive hygienic therapeutics, therefore, the hospital acts as the corrective of bad working class habits and, by implication, of 'immoral' behaviour.¹⁴⁵ Thus, middle-class concerns with the irregularity of working class women's lives are implicit in the particular type of therapeutics practised at the

¹⁴² See, for example, Bryan Turner, 'The Government of the Body: Medical Regimens and the Rationalisation of Diet', *British Journal of Sociology* 33 (1982): 254-269; Roger Cooter, 'The Power of the Body: The Early Nineteenth-Century', in Barry Barnes and Steve Shapin (eds.), *Natural Order: Historical Studies of Scientific Culture*, (Beverly Hills, London: Sage, 1979): 73-92; Mort, op. cit. (n.140), pp. 42-46.

¹⁴³ The Edinburgh Hospital for Women and Children accepted unmarried mothers, alcoholics, the unwashed, the "mentally deficient", those who had left their husbands, and even some with venereal diseases, and the language used in the patients records consistently eschews overt moral criticism or indictment. See Register of Patients, vol. 1, p. 121, p. 4, p. 174, p. 224; and vol. 2, p. 271 and p. 125.

¹⁴⁴ See, for example, Michel Foucault, *The Birth of the Clinic*, (London: Routledge, 1973); Roger Davidson, 'Venereal Disease, Sexual Morality and Public Health in Interwar Scotland', *Journal of the History of Sexuality* 5 (1994): 267-294.

¹⁴⁵ See, for example, Kathleen Wilson, 'Urban Culture and Political Activism in Hanoverian England: The Example of Voluntary Hospitals', in Eckhart Hellmuth (ed.), *The Transformation of Political Culture: England and Germany in the Late Eighteenth-Century*, (London and Oxford: Oxford University Press, 1990), pp. 165-184, p. 169.

Edinburgh Hospital.¹⁴⁶ As suggested in the previous chapter, the notion of moral discipline, as implied by the use of the principles of hygiene, was also put into practice outside of the Hospital by the medical women in the special role which they claimed for themselves in the medical profession as lecturers to women at large on the subject of hygiene, physiology and preventive medicine.¹⁴⁷

The regulation of metabolic processes according to the principles of physiology and hygiene has clear links with the notion of disciplining the body, and the application of self discipline in regaining and maintaining good health. The notion that the functions of the body can be brought under control through the life-style of the individual - diet, exercise and rest, for example - is implicitly moral in its assumption of the need for self control and self discipline to achieve and maintain health. Good health becomes the responsibility of the individual. The suggestion that patients can best be helped by learning to help themselves, and by taking some responsibility for their own lives and personal health, is a similar moral message to that implied by the Provident system of financing health care which prevailed at the Women's Hospital.¹⁴⁸

The Provident system meant that the Hospital and Dispensary were, to an extent, financed by the patients themselves. "The terms of subscription have been fixed with a view to make the Dispensary ultimately self supporting, at least as regards the cost of medicine, as it is believed that the

¹⁴⁶ We have argued that the medical women used a therapeutic method which had much in common with that pursued by Thomas Clouston. Throughout his work, Clouston was quite explicit in linking his concern with order and regularity of body and mind to racial hygiene and sexual stereotypes. Indeed, one of his primary concerns was that women should fulfil their domestic function as wife and mother, and that this could only be achieved if they were healthy in both mind and body. His concern was that women should be cured of their "madness", abandon their immoral and unhygienic lifestyles, and returned forthwith to their domestic duties and to the procreation of mentally fit children for the glory and perpetuity of the Empire. Furthermore, racial hygiene could only be maintained by the correct lifestyle - which involved following the principles of physiology as they applied to both brain and body. Thus, although, as we have seen, he too was concerned with the health of women, and was clearly sympathetic to the misery and hardship of their lives, at the same time it is impossible to divorce medical therapeutics which were based on hygienic measures from socio-political and social control.

¹⁴⁷ See especially chapter 2 sections 5 and 6.

¹⁴⁸ It must be noted that as a form of health insurance the provident system is concerned with collective, rather than individual, self help.

labouring classes do not desire to be the objects of charity”, it was remarked in the Regulations of the Hospital and Dispensary in 1885.¹⁴⁹ This system did not appear to discourage women from attending: although every three months the accounts from the Hospital and Dispensary reveal a number of “casual” patients - that is to say, those who paid for their treatment only when they needed it - the majority were provident patients.¹⁵⁰ This suggests a highly moral code of self help. Medical treatment was not automatically dispensed, but had to be paid for by the individual, who could be seen to be taking some personal responsibility for her own health care. Indeed, the Hospital described itself as being for “those whose independent spirit leads them to desire to contribute towards the expenses of their treatment”,¹⁵¹ a phrase which implied the moral correctness of those who were prepared to assume responsibility for their health and well being and were not dependent on charity or on the donations of others.

In 1909, the Royal Commission on the Poor Laws and Relief of Distress, in their *Report on Scotland*, observed that the voluntary hospitals were no longer providing adequate health care for those of the population who most needed it.

The abuse of the hospital charities by the well-to-do, [reported the Commission] the inability of persons in moderate circumstances to obtain specialist treatment otherwise than by entering a voluntary hospital or infirmary, and possibly also the desire of the hospital authorities to procure cases that are ‘interesting’ from a clinical point of view, have led to the exclusion of poor

¹⁴⁹ Regulations and Bye-Laws of the Edinburgh Hospital and Dispensary for Women and Children, 1885. The Hospital accounts and Annual Reports, however, reveal that donations and bequests and the interest from investments remained the main source of income. Indeed, the money obtained from patients amounted actually to very little in the overall yearly accounts, and this may suggest that the Provident nature of the Hospital was more of a moral principle, than a financial necessity. For the year 1893-1894, for example, subscriptions made up over £77 of the Hospital’s total income, whilst payments from patients totalled only £16, 16s and 6d. Edinburgh Hospital for Women and Children, Abstract of Accounts 1893-1894.

¹⁵⁰ See, for example, Executive Committee Minute Books, vol. 2, p. 5, p. 29, p. 37, p. 58, p. 75. Casual patients were “admitted [to the Dispensary] on payment of an entrance fee of two pence, with four pence for medicines at each visit.” Entry to the Hospital was fixed at ten shillings a week for casual patients. Regulations and Bye-Laws of the Edinburgh Hospital and Dispensary for Women and Children, 1891.

¹⁵¹ EHWC Annual Report 1900-1901, p. 3.

patients, as well as patients suffering from chronic illness.¹⁵²

One possible way of redressing this abuse, the Commission went on, was to increase the number of institutions which were run on the provident principle. The moral dimension to the provident system was made explicit in the wording of the Commission's report. "One of the chief advantages of [provident hospitals and dispensaries] ... is their effect on character, for they enable the working class to preserve a spirit of independence instead of resorting to charity, or the poor law, in times of sickness".¹⁵³ These sentiments echo those which inspired the Edinburgh Hospital For Women and Children.

As Morantz-Sanchez has observed, and as much of this thesis has illustrated, "a central theme in the story of women in medicine has been the tension between 'femininity', 'feminism' and 'morality' on the one hand; and 'masculinity', 'professionalism', and 'science' on the other".¹⁵⁴ The questions which these issues highlighted - such as whether women had the right to practise the same kind of medicine as their male colleagues, or whether they had a useful and unique role to play in the provision of health care - were grappled with by the medical women who worked at the Edinburgh Hospital for Women and Children. Jex-Blake, and the medical women she trained in her small hospital, sought to formulate answers to these questions which would demonstrate women's ability as medical practitioners, and ease their transition into the male medical world. Although uncompromising, Jex-Blake was not blind to the fact that rushing in to compete with men on their own terms in the clinic would not be conducive to the medical women's interests. Furthermore, being among the first medical women in Britain, once in practice Jex-Blake and her colleagues at the Hospital were constrained, either due to conviction or pragmatism, by the

¹⁵² *Royal Commission on the Poor Laws and Relief of Distress: Report on Scotland, 1909*, p. 150. As we have seen, it was both poor patients, and patients suffering from chronic illnesses, who made up the majority of patients attending the Edinburgh Hospital for Women and Children. See also chapter 4.

¹⁵³ *Ibid*, p. 158.

¹⁵⁴ Morantz-Sanchez, *op. cit.* (n. 136), p. 200.

arguments in favour of female doctors which had been voiced in the campaign for women's access to the profession. As we have seen in the previous chapter, knowledge of the principles of hygiene had already been appropriated by the medical women as an area of medical expertise which they, as women, had a special claim on. In addition to this, the use of diet and regimen and the application of the principles of hygiene in medical practise was advocated by a number of luminaries in the profession in Edinburgh. To create a niche for themselves within the medical profession, therefore, the physicians at the Edinburgh Hospital for Women and Children appropriated diet and regimen as a therapeutic regime and made it central to their practise of medicine. The medical women thus were able to adopt a particular form of medicine which was accepted - and advocated - by the male medical profession, but which was also consonant with the moral role which they had emphasised as being one of women doctors' most vital roles within the medical profession.

Conclusions

Medical therapeutics in Edinburgh in the mid to late nineteenth century continued to emphasise the interconnected, "sympathetic" nature of the body - a interpretation of the body's physiology which had characterised Scottish medicine in the eighteenth and early nineteenth-century. As illustrated by the lectures of Robert Christison (and the work of John Hughes Bennett), this holistic approach to bodily function provided a theoretical justification for the emphasis on diet and regimen in the treatment of illness and disease. From the late 1870s, in his work at the Royal Edinburgh Asylum, Thomas Clouston developed a cogent system of medical therapeutics for the treatment of insanity, and other nervous disorders, which was based on the rigorous application of the principles of hygiene. The use of diet and regimen as a system of therapeutics had much to recommend it to the medical women, especially given their professed interest in the importance of hygiene and

physiology for the restoration and maintenance of health.¹⁵⁵ An examination of the patients' records at the Edinburgh Hospital for Women and Children suggests that the practice of medicine there also drew on a holistic notion of bodily function and was very similar (though less vigorous and intense) to Clouston's holistic therapeutic regime.¹⁵⁶

As discussed in the previous chapter, the definition of what actually constituted the discipline of physiology was undergoing change and re-definition during this period. At mid-century, physiology was considered to be the knowledge of the functions of different bodily organs, their action and interaction with each other and with the environment. For the purpose of therapeutics, this knowledge legitimised the application of the principles of diet and regimen for the regulation and co-ordination of the whole metabolism. However, with its growing experimental basis, and with the concurrent development of other related disciplines - such as pharmacology - physiology also increasingly served the purpose of providing specialised knowledge of the body on which the physician was able to explain his decision as to which drug would be the best medication for the specific illness of a specific organ or body part. This latter understanding of the importance of physiology for therapeutics increasingly characterised medical orthodoxy from the mid 1870s onwards. However, it was the former, mid-century, understanding of the subject which the medical women drew upon as the theory with justified their system of therapeutics.¹⁵⁷ They were thus able to practice a form of medicine which was accepted by medical men, yet, with its emphasis on hygiene and personal responsibility for the health of the individual, was also in tune with the moral role which they had emphasised as being women's natural province in medicine.

¹⁵⁵ See chapter 2.

¹⁵⁶ See chapter 4 below.

¹⁵⁷ At no point during the period under question do the medical women make use of laboratories.

Chapter 4

Sick and Tired of Being Sick and Tired: Working Class Women and the Edinburgh Hospital for Women and Children, c.1885-1899

Introduction

Brian Harrison has observed that, on a national scale, at least up until 1940, the contribution of female doctors to the health and well being of women was insignificant.¹ To defend this, Harrison points out that until recently women made up a very small percentage of qualified doctors and that those who were practising, especially those who were physicians and surgeons in hospitals, tended to become subsumed by the male medical establishment and were thus indistinguishable in thought and deed from their male colleagues.² Women-run hospitals, he also suggests, were too small and ill-equipped to be able to compete with the general hospitals, both in terms of the numbers they were able to treat, and in terms of the resources (well equipped operating theatres, laboratories, x-rays and other technologies, for example) which were available at such small institutions. As a result, female doctors, and the institutions which they ran, failed to have a significant impact on the health of women at large.

¹ Brian Harrison, 'Women's Health and the Women's Movement in Britain: 1840-1940', in Charles Webster (ed.), *Biology, Medicine and Society*, (London: Routledge, 1981), pp. 15-71.

² For a comparative study of therapeutics at a male-run and a female-run obstetrical hospital, see Regina Markell Morantz-Sanchez, 'Doctors and Patients: Gender and Medical Treatment in Nineteenth-Century America', in idem, *Sympathy and Science: Women Physicians in American Medicine*, (Oxford: Oxford University Press, 1985), pp. 203-231.

In response to these conclusions it must first be pointed out that Harrison is assuming that success in medical practice can only be understood in terms of male-dominated laboratory-based medicine and dramatic and elaborate life-saving surgery. Although women-run hospitals and dispensaries were small and lacked the facilities and resources of the great Infirmaries, this does not mean to say that they were not successful, or that they were without an important and valuable role for those women who attended them. Harrison is also looking at the problem from too grand a perspective. Clearly, such tiny institutions cannot usefully be analysed on a national level, but must be examined in the context of the specific communities which they served.

To create a fuller picture of the importance of female doctors for the health of women, studies of the women-run hospitals and dispensaries which were in operation in cities throughout Britain by 1900 need to be undertaken.³ The significance of the Edinburgh Hospital for the women's movement, and also for the medical women of the city, has already been remarked upon in earlier chapters of this thesis. However, its importance for the mental and physical health of the working and working-class women of Edinburgh must also be considered if a full history of the Hospital is to be attempted.

We have already seen that the therapeutic method which prevailed at the Hospital was very similar to the emphasis on the regulation of bodily physiology advocated by Thomas Clouston for the treatment of the insane. In this chapter it will be suggested that many of the cases which were presented at the Edinburgh Hospital for Women and Children could also be interpreted as resulting from the same social and economic circumstances as those which lead to many women being diagnosed as insane and sent to the asylum for treatment. Through an analysis of the work of Clouston, followed by a detailed examination of the patients' records from the Edinburgh Hospital, it

³ By 1916 there were 12 hospitals in Britain in operation which had been founded by medical women. Ruth Dingley, 'Hospitals Started By Women Doctors', *Journal of the Medical Women's Federation* 49 (1967): 108-111, p. 108. The only study to date which has focussed on a women-run hospital has been Peter Mohr's study of the Manchester Babies Hospital, which was founded in 1914. Peter Mohr, *Women-Run Hospitals in Britain: A Historical Survey Focusing on Dr. Catherine Chisholm (1878-1952) and the Manchester Babies Hospital (Duchess of York Hospital)*, (unpublished PhD thesis, University of Manchester, 1995).

will be argued that the medical women understood many of the illnesses which they encountered at the Hospital to be linked to hard working lives, frequent child-bearing and poor living conditions which had, over time, resulted in bodily and often mental exhaustion. These were the same conditions as those observed by Clouston to be amongst the primary causes of mental illness amongst working-class women. The Edinburgh Hospital offered a sympathetic environment in which such over-worked, undernourished and exhausted women could rest and recover before their physical weaknesses over-whelmed them. With the Asylum being the only other institution in the city which addressed the problems of women's physical and mental exhaustion, the medical women found for themselves a constituency, as well as a method of treatment, which they could develop as their own, and which the working women of Edinburgh were glad to take advantage of.

The history of women's health care, especially their mental health care, traditionally raises questions about control and oppression.⁴ A number of recent studies have focused on the treatment of those women in the Victorian period who were considered to be insane. Most of these historical studies have concentrated on the plight of middle-class women: those who allegedly suffered from "hysteria" and "neurasthenia" and flocked to "nerve specialists" in the latter years of the nineteenth century. Such research, however, concentrates on private patients and seldom considers the medical treatment of working class women who were compelled, due to inability to afford private doctors' fees, to enter the voluntary hospitals if they fell ill. As a result, although historians have concluded that middle-class women were subjected to a range of repressive medical practices throughout the Victorian

⁴ Elaine Showalter has written extensively on the subject of the Victorian mad-woman. See, for example, Elaine Showalter, 'Florence Nightingale's Feminist Complaint', *Signs* 6 (1981): 236-252; idem, 'Victorian Women and Insanity', *Victorian Studies* 23 (1979-1980): 157-182; idem, *The Female Malady: Women, Madness and English Culture, 1830-1980*, (London: Virago, 1993). See also Ann Douglas Wood, "'The Fashionable Diseases': Women's Complaints and their Treatment in Nineteenth-Century America", in Mary S. Hartman and Lois Banner (eds.), *Clio's Consciousness Raised: New Perspectives on the History of Women* (New York and London: Harper and Row, 1974), pp. 1-22; Carroll Smith-Rosenberg, 'The Hysterical Woman: Sex Roles and Role Conflict in Nineteenth-Century America', *Social Research* 39 (1972): 652-678.

period, the relationship between the medical profession and its female working-class patients has yet to capture a similar degree of historical interest.⁵ Furthermore, those historical studies which have explored the histories of hospitals, both in general and in particular, tend largely to overlook the patient as an object of historical interest, focusing instead on particular clinicians, the development of therapeutic methods, and the changing nature of medical knowledge and health care. Working class women's experiences of health care have remained marginal in the history of women and medicine, with most scholarship on the subject focusing on post and ante natal care of mothers and babies in the early twentieth century.⁶

⁵ The interpretation of the relationship between middle-class women and the medical profession which denies women any power and autonomy has been revised by more recent feminist historians. Examples of this older scholarship include Wood. op. cit. (n. 4); Ben Barker-Benfield, 'The Spermatic Economy: A Nineteenth-Century View of Sexuality', *Feminist Studies* 1 (1972): 45-74; idem, *The Horrors of the Half Known Life: Male Attitudes to Women and Sexuality in Nineteenth-Century America* (New York: Harper and Row, 1976); Charles Rosenberg and Carroll Smith-Rosenberg, 'The Female Animal: Medical and Biological Views of Woman and her Role in Nineteenth-Century America', *Journal of American History* 60 (1973): 332-356; Carroll Smith-Rosenberg, 'The Cycle of Femininity: Puberty and Menopause in Nineteenth-Century America', *Feminist Studies* 1 (1973): 652-678. Regina Markell Morantz-Sanchez has been one of the leading critics of this 'woman as victim' strain of feminist history. Morantz-Sanchez's view that women had a greater degree of control over their medical treatment, and occasionally used contemporary notions of female weakness and nervousness to their advantage, has done much to re-direct feminist scholarship on this subject. See, for example, Regina Morantz, 'The Lady and her Physician', in Mary S. Hartman and Lois Banner (eds.), op. cit. (n. 4), pp. 38-53. She also suggests that male doctors were not all out to repress women, that men were treated with harsh medical therapeutics also, and that women doctors generally did not offer a particularly different or less 'heroic' style of therapeutics to their male counterparts. See idem, *Sympathy and Science: Women Physicians in American Medicine*, (Oxford: Oxford University Press, 1985), pp. 203-231. For scholarship which takes a more extreme view of the difference between the therapeutics practised by male and female doctors, see Mary Roth Walsh, *"Doctors Wanted, No Women Need Apply": Sexual Barriers in the Medical Profession, 1835-1975*, (New Haven: Yale University Press, 1977), chapter 3, 'Feminist Showplace', pp. 76-105 and Virginia Drachman, *Women Doctors and the Women's Medical Movement: Feminism and Medicine, 1850-1895*, (unpublished PhD dissertation, State University of New York at Buffalo, 1976); Patricia Branca, *Silent Sisterhood: Middle-Class Women in the Victorian Home*, (London: Croom Helm, 1975), chapter 4, 'The Struggle for Better Health', pp. 62-73. Studies of the medical therapeutics and institutional health care from the point of view of the female working class patient remain to be undertaken.

⁶ See, for example, Deborah Dwork, *War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898-1918*, (London and New York: Tavistock, 1987); idem, 'The Milk Option: An Aspect of History of the Infant Welfare Movement in England, 1898-1908', *Medical History* 31 (1987): 51-69; Anna Davin, 'Imperialism and Motherhood', *History Workshop* 5 (1978): 9-65; Carol Dyhouse, 'Working Class Mothers and Infant Mortality in England, 1895-1914', *Journal of Social History* 12 (1978): 248-267. The role of the Edinburgh Hospital for Women and Children

This chapter is largely concerned with the mental and physical health of working and lower middle-class women - those traditionally without a voice in history, whose grievances and ailments are not articulated in diaries, letters, novels and journals, and whose "madness" is without the drama and romantic undertones of middle-class "hysterics".⁷ Such women made up the majority of the patients who attended the Edinburgh Hospital for Women and Children. In an attempt to broaden our understanding of the relationship between the hospital and the community it served, the second half of this chapter will shed some light on the reasons why many working women chose to enter the Edinburgh Hospital for Women and Children, as well as considering what role and services the Hospital provided for them in the community.

1. Thomas Clouston, Working Class Women and the "Limits of the Physiological"

Thomas Clouston was physician superintendent at the Royal Edinburgh Asylum from 1883 to 1908 and lecturer on mental diseases at the University of Edinburgh from 1879 to 1910.⁸ As noted in the previous chapter, he was also a close personal friend of Sophia Jex-Blake. In addition to this, he was involved with the medical women in a professional capacity: he lectured on mental diseases for a number of years at the Edinburgh School of Medicine for Women; and, as we shall see below, although not one of the consulting staff at the Edinburgh Hospital, his professional opinion on the mental health of a number of the medical women's patients was also occasionally sought. Throughout the 1880s and 1890s Clouston wrote a

and the Hospice, in the Infant Welfare movement of the early twentieth-century will be discussed in chapter 5 below. For a broader overview of working class women's health in late nineteenth and early twentieth-century England, see Jane Lewis, *Women in England, 1870-1950*, (London: Harvester Wheatsheaf, 1984), pp. 23-44.

⁷ Showalter especially focuses on the middle class experience of hysteria and uses the examples of Florence Nightingale and Alice James to illustrate women's experiences of the disorder and its treatment.

⁸ 'Obituary of Thomas Clouston', *BMJ* i (1915): 744-745.

number of books and pamphlets outlining what he perceived to be the causes and manifestations of insanity, the most comprehensive of these being his *Clinical Lectures on Mental Diseases*,⁹ which was re-printed eight times between 1883 and 1980. Widely read and accepted by Victorian alienists, his work provides the historian with a comprehensive outline of the views on the social aetiology of madness, as well as its various manifestations, which prevailed in Edinburgh in the late Victorian period.

As we have already seen, Clouston regarded irregularity in lifestyle - disturbed habits of eating, working, sleeping and morality, for example, to be one of the main reasons for the manifestation of bodily illness. His conception of the body as a physiologically interconnected organism led him to go on to argue that if not remedied at this point, physical illness could ultimately lead on to illness of the mind. Madness, however, manifested itself for complex reasons, and seldom had one single explanation. These reasons included a mixture of “predisposing” causes, such as heredity and the diathesis of the individual;¹⁰ and “exciting” causes, including inappropriate behaviour (for example, alcoholic excess, debauched habits and general intemperance), environmental influences (such as damp and dreary surroundings), family stresses, economic anxiety, bereavement, and - especially amongst poor women - overwork, fatigue, malnourishment and physical illness.¹¹

In addition to this catalogue of possible causes of insanity, women also had the dictates of their anatomy and physiology to contend with. To the Victorian mad-doctor, women were the victims of a host of biological determinants which acted upon their sanity at all times. Perceived to be the slaves of their own reproductive organs, the debilitating experiences of puberty, menstruation, childbirth, lactation and the climacteric resulted in regular and unavoidable bodily and mental upheaval. Such was the unhappy lot of all women, and these physiological imperatives were understood to take a great physical and mental toll on the health of the female population in

⁹ Thomas Clouston, *Clinical Lectures on Mental Diseases*, 1st Edition, (London: J and A Churchill, 1883).

¹⁰ Ibid., p. 24.

¹¹ Ibid., p. 83.

general.¹² Working class women were regarded as being especially unfortunate in that their social circumstances were particularly harsh on both mind and body. This, combined with their physical disadvantages, meant that particular forms of insanity were more likely to prevail amongst this group of women than amongst the more affluent classes.¹³

Many of the poor and working-class women who ended up in the Asylum, for instance, had lived their lives in difficult, ultimately intolerable, circumstances, which Clouston regarded as having caused their madness.¹⁴ These circumstances were very different to those experienced by middle-class women.¹⁵ As nurse, mother, wife and domestic manager, married working-class women especially had a multiplicity of physically demanding social, as well as biological, roles to fulfil. The demands and obligations of these roles were coupled with the ongoing stress of poverty, hard work, bad living conditions, poor food, little or no exercise, no fresh air, no rest, and no respite from these things. On top of these inescapable difficulties, many also had to go out to work.

Those manifestations of insanity which specifically pertained to women were puerperal insanity, insanity of pregnancy, lactational insanity and climacteric insanity. Insanity of adolescence, anaemic insanity, hysteria and neurasthenia were also predominantly experienced by women, argued Clouston, though not uniquely so. Anaemic insanity, idiopathic insanity, lactational insanity, and insanity of pregnancy were the most common forms of mental illness found amongst working and lower middle-class women.

Lactational insanity was, Clouston admitted, an illness which “the poor are more liable to ... than the rich”, a fact which was “as might be

¹² See, for example, Thomas Clouston, ‘Puberty and Adolescence Medico-Psychologically Considered’, *Edinburgh Medical Journal* 26 (1880): 5-17, p. 10; idem, ‘Alternation, Periodicity and Relapse in Mental Diseases’, *Edinburgh Medical Journal* 28 (1882): 13-33, p. 14; idem, *Clinical Lectures*, op. cit. (n. 9), p. 24.

¹³ Ibid., pp. 13-14 and p. 473.

¹⁴ See, for example, Royal Edinburgh Asylum Annual Report 1894, p. 15; Thomas Clouston, *Health of Body and Soundness of Mind: A Lay Sermon*, (Edinburgh: 1903), p. 15; idem, *Clinical Lectures*, op. cit. (n. 9), pp. 510-513.

¹⁵ Showalter, op. cit. (n. 4), pp. 121-144; Margaret Sorbie Thompson, *The Mad the Bad and the Sad: Psychiatric Care in the Royal Edinburgh Asylum (Morningside), 1813-1894*, (unpublished PhD dissertation, University of Boston, 1984), pp. 241-263.

expected”, given the nature of their lives. He painted a grim picture of the conditions which led to such a state:

If the wife of a labourer has had ten children and nursed them all, if she has, during all the years those ten pregnancies and childbirths and nursings have been going on, had to work hard, if she has had to struggle with poverty and insufficient necessities of life in addition to this continuous reproductive struggle and family worries... no physiologist or physician can wonder if she should become insane during the tenth pregnancy. Indeed, the wonder is that any organism could possibly have survived in body or brain such a terrible strain and output of energy in all directions.¹⁶

Furthermore, Clouston observed, lactational insanity was found amongst the poor because they were badly fed, did not have nurses to look after their children, and were unable to afford regular attendance by a doctor, who could tell them to stop nursing in time. Women experienced frequent child-bearing and often nursed their babies “for a long time in order to delay the conception of the next”,¹⁷ a strategy which only served to exacerbate the fatigue, anaemia and ill-nourishment which were the bane of their lives. “What else can they do?” asked Clouston, “it is well enough for the offspring, but the mother often enough dies, or is upset in body and brain in the attempt”.¹⁸

When such exhaustion and malnutrition was taken to extremes, Clouston argued, a woman exhibited signs of mental illness: “headaches, noises in her ears, giddiness, flashes of light before her eyes, lassitude and general irritability, in fact, the general symptoms of bloodlessness and brain anaemia”. This then resulted in loss of sleep, depression, loss of self control, lethargy, and even attempts at suicide.¹⁹ Treatment for such a disorder was rest, nourishment, change of scenery, and all aspects of the “physiological method” outlined in the previous chapter. As Clouston observed, however,

¹⁶ Clouston, *Clinical Lectures*, op. cit. (n. 9), p. 510.

¹⁷ Ibid., p. 516.

¹⁸ Ibid.

¹⁹ Ibid.

insanity did not have to be the end result of this bodily illness, so long as its earlier physical symptoms were recognised, and treated accordingly. Thus,

such a typical case, if taken in time, and if nursing is stopped and rest is given, with good nourishing food, malt liquors and iron ... and fresh air, at once begins to amend, sleeps... puts on flesh ... gets cheerful, and is quite well and strong in three months ... They are all curable if put under proper treatment in proper time.²⁰

Moreover, many patients who manifested the early symptoms of insanity, especially those with “temporary” forms of mental illness such as lactational insanity, did not need to be sent to the asylum for treatment at all. “When patients are very ill” wrote Clouston, “they must be sent to hospitals for the insane, ... but then most cases have to be treated at home for a time at first by the family physician, and many cases do not need to be sent to those hospitals at all, but can be treated outside them”.²¹ Many types of insanity, he argued, especially those linked with the maternal function, could “under favourable circumstances be treated at home ... and it is well so to treat them when possible. They are all very curable forms of mental disease”.²² “Temporary causes of insanity”, other than pregnancy and its associated functions, included “changes in the blood supply, excess of work, [and] strains of all kinds”.²³ Once the metabolic irregularities which resulted from these temporary disturbances were corrected, it was only a matter of time before the patient would be restored to complete mental health.

Other forms of mental imbalance perceived to be typically female were also regarded as the product of poverty, dependence and illness. Insanity of pregnancy, for instance, was attributable to the same external causes as lactational insanity - predominantly malnourishment, anaemia and fatigue whilst pregnant - and was treated with “fresh air, exercise ... freedom from

²⁰ Ibid., p. 511.

²¹ Ibid., pp. 6-7.

²² Ibid., p. 493.

²³ Idem, *Morisonian Lectures on Insanity for 1873*, (Edinburgh: MacNiven and Wallace, 1873), p. 19.

too much work and worry, and suitable food”.²⁴ Anaemic insanity, also especially common amongst poor women, generally followed “great or sudden losses of blood”, such as childbirth, miscarriage, or menorrhagia, but could also be brought on by exhaustion, poverty and starvation.²⁵ Most cases of anaemic insanity manifested themselves in the form of “mild melancholia”, declared Clouston, and “nearly all recover ... within three months under good feeding, fresh air, quinine and iron”.²⁶ “Idiopathic insanity” was the result mainly of “exhaustion of the brain produced by want of sleep”. Finally, “asthenic idiopathic insanity” was also a condition which afflicted many poor women. It was generally found in combination “with symptoms of anaemia - emaciation, feeble pulse, cold extremities ... and brought on by causes conducive to an anaemic condition - exhaustion, and especially want of sleep, however induced, whether by grief, anxiety, over-taxed brain, poverty and starvation”.²⁷

Although generally without the cares of pregnancy and childbed and the attendant miseries of lactation, child-care and marital obligation, many single working women worked long hours for little money, often without the support of their family. It was strains such as this which could lead to physical and mental illhealth. Indeed, Clouston was at pains to point out that “the girl drudge who has been exhausted with physical labour” was especially at risk, due to exhaustion, from mental imbalance,²⁸ as was the domestic servant, whose “bloodlessness” was due, not only to overwork, but also to “want of natural family and other social life”, which caused “nervousness, depression and anaemia”.²⁹

In addition to the social aetiology of madness discussed above, many manifestation of insanity amongst women were perceived by Victorian mad-doctors to be linked to their maternal function. This notion, as well as some

²⁴ Idem, *Clinical Lectures*, op. cit. (n. 9), p. 521. Puerperal Insanity was also experienced by many women, both rich and poor. Ibid., pp. 510-516.

²⁵ Idem, *Morrison Lectures*, op. cit. (n. 23), p. 1.

²⁶ Idem, *Clinical Lectures*, op. cit. (n. 9), p. 591.

²⁷ Idem, *Morrison Lectures*, op. cit. (n. 23), pp. 19-20.

²⁸ Idem, *Female Education from a Medical Point of View, Two Lectures Delivered at the Philosophical Institution, Edinburgh, November 1882*, (Edinburgh: MacNiven and Wallace, 1882), p. 15.

²⁹ Idem, *The Hygiene of Mind*, (London: Methuen and Co., 1906), p. 71.

of the means through which those who were condemned as 'insane' were treated, has contributed to the tradition of feminist historiography which often portrays male doctors (especially male mad-doctors) as being at best paternalistic, and at worst, cruel, even sadistic, towards their women patients.³⁰ The latter interpretation is, according to Morantz, an extreme, one-dimensional, and therefore faulty reading of history, which oversimplifies and distorts the complex nature of the Victorian medical profession's attitude towards women.³¹ Certainly, the work of Thomas Clouston, although singled out by feminist historians as being a prime example of the medical profession's oppression of women in this period, can be interpreted in a more generous light.

Clouston has been condemned by feminist scholars for his frequently expressed views on the limitations of women's brains with regard to education; and their mental and physical slavery to the dictates of their reproductive organs. He discussed women in such terms throughout his books and articles and also wrote specifically on these subjects which, in the eyes of such as Elaine Showalter and Ann Douglas Wood, place him firmly in the camp of the uncompromising, misogynist Victorian doctors.³² However, his attitude towards women was, in fact, more complicated (or contradictory) than these historians suggest. As already noted, Clouston was one of the medical women's supporters - not exactly what one would expect from an uncompromising misogynist. Furthermore, as we have seen so far, Clouston's understanding of his female patients' social circumstances was far from unsympathetic. Although arguing that their anatomy and physiology undoubtedly complicated their mental state, it was their social and economic

³⁰ For analysis of the work of S. Weir Mitchell see Wood, op. cit. (n. 4) and Morantz's vigorous critique of Wood's analysis of Mitchell in Morantz, 'The Lady and her Physician', op. cit. (n. 5), pp. 41-43. Elaine Showalter also discusses the work of (amongst others) S. Weir Mitchell, Henry Maudsley and Thomas Clouston in *The Female Malady*, op. cit. (n. 4), especially chapters 2 to 5. Showalter also discusses Baker-Brown's cliterodectomy for women considered to be suffering from certain forms of insanity. Ibid., pp. 75-78.

³¹ Regina Markell Morantz, 'The Perils of Feminist History', *Journal of Interdisciplinary History* 6 (1974): 649-660. See also idem, 'The Lady and Her Physician', op. cit. (n.5).

³² See, for example, Thomas Clouston, *Female Education*, op. cit. (n. 28); idem, 'The Psychological Dangers to Women in Modern Social Development', in Sir Oliver Lodge (ed.), *The Position of Women, Actual and Ideal*, (London: James Nisbet and Co. Ltd., 1911), pp. 103-117.

dependency and the difficult grind of their every day lives which, he claimed, often decided the fate of their mental balance. As Nancy Tomes has remarked with reference to American psychiatrists,

asylum doctors rarely saw mental disease as a punishment of transgressions against femininity, but rather viewed it as the result of too little economic and social support for the difficult tasks involved in homemaking and childrearing. Never questioning the fundamental fairness of the gender division of labour, their paternalism, nevertheless, did not lead them to blame women patients for their plight.³³

Clouston was convinced that many cases of temporary mental illness could be cured without recourse to treatment at the Asylum at all.³⁴ In addition to this, he argued, it was not always clear when a person had become mentally deranged, and asylum treatment was only necessary when there was absolutely no doubt as to the patient's insanity, and when all other methods of care and treatment had failed. The boundary between sanity and insanity in all the above mentioned cases was, Clouston maintained, neither clear nor fixed. Indeed, once a woman was exhausted, over-worked, anaemic, and generally ill physically, it was often difficult to ascertain at which point, if at all, she could actually be described as mentally unstable. The distinction between madness and sanity was a fine one, and it was difficult to pin-point when an ill or run down person actually passed beyond "the limits of the physiological" and into a state of mental imbalance.³⁵ "[L]oss of blood, over-work, want of sleep, over anxiety and menstruation are also commonly accompanied by depression of the spirits", wrote Clouston. However, "it is most difficult to draw a line of definition between mere 'lowness of spirits', ordinary 'depression of mind', popular 'melancholy' or 'hypochondria' and the pathological 'melancholia'".³⁶

³³ Nancy Tomes, 'Historical Perspectives on Women and Mental Illness', in Rima D. Apple (ed.), *Women, Health and Medicine in America: A Historical Handbook*, (New York and London: Garland, 1990), pp. 143-171 and p. 162.

³⁴ Clouston, *Clinical Lectures*, op. cit. (n. 9), p. 511.

³⁵ Thomas Clouston, 'The Study of Mental Diseases. Being the Introductory Lecture delivered in the University of Edinburgh on the Institution of the Lectureship in Mental Diseases, May 1878, *Edinburgh Medical Journal* 25 (1879): 1-20, pp. 10-12.

³⁶ Idem, *Clinical Lectures*, op. cit. (n. 9). p. 36.

When the limits of the physiological are passed [he observed,] and man [sic] enters on a pathological state of mind, we are often utterly unable to tell the exact line where the one ends and the other begins ... Insanity does not enter ... at one door, while sanity departs from the other.³⁷

Through the enthusiastic use of metaphors involving stoked engines, speeding trains, roaring furnaces and steaming boilers, Clouston argued that, like these mechanical things, the brain had only “fixed limits of energy”, which could easily be depleted, unbalanced, or burnt out, by too much physical or mental activity.³⁸ Thus, as we have seen, “bodily and mental exhaustion and malnutrition”³⁹ were considered to be the primary causes of madness amongst many poor women, as the energy stores of the brain became depleted to a point which precluded normal mental and physical activity. However, they were able to be treated, and cured, with food and rest and the rigorous application of the general principles of physiology and hygiene, before such manifestations of insanity - mania, depression, suicidal tendencies - actually occurred.⁴⁰ “If the signs that betoken danger to mind health were observed ... the first symptoms of the disease noticed, and their true significance apprehended”, observed Clouston, “every physician in practice knows that their further onset and progress could be arrested”.⁴¹ Many poor women, due to the gruelling routine and insurmountable circumstances of their every day lives, were almost “at the limits of the physiological”.

The following section will argue that many women who sought treatment at the Edinburgh Hospital for Women and Children fitted into the same diagnostic categories, with the same factors cited as having caused their illnesses, as those outlined by Clouston. Those who ended up under his care at the Asylum, however, did so as a last resort; all other social and medical systems having failed to prevent such an outcome. At the Edinburgh Hospital

³⁷ Idem, ‘The Study of Mental Diseases’, op. cit. (n. 35), p. 2.

³⁸ Idem., *Clinical Lectures*, op. cit. (n. 9), p. 23.

³⁹ Ibid., p. 513.

⁴⁰ Ibid.

⁴¹ Idem., ‘The Study of Mental Diseases’, op. cit. (n. 35), pp. 7-8.

working women were offered a regime of medical care which was not available in their homes, nor in any other institution in the city, but which provided precisely that sort of rest, care and attention which Clouston had observed as being vital in the prevention of the onset of certain forms of temporary insanity amongst women. Indeed, it is important to note that Clouston himself was called in on a number of occasions to examine patients at the Edinburgh Hospital whose mental state was of some concern to the women doctors. In this respect, the medical women had recognised, and fulfilled, a desperate social need for the tired and run down women of Edinburgh - one which was also appreciated by medical men, but which there was no provision for in the city prior to the establishment of the Edinburgh Hospital.

2. Working Class Women and the Edinburgh Hospital for Women and Children

Some recent scholarship has attempted to focus attention on the recipients of medical care.⁴² The use of clinical records in the process of

⁴² See, for example, Roy Porter (ed.), *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, (Cambridge: Cambridge University Press, 1988), more specifically, Constance McGovern has attempted to throw some light on the uses which working class 'patients' made of the asylum in nineteenth-century America. See Constance McGovern, 'The Community, The Hospital, and the Working-Class Patient: The Multiple Uses of Asylum in Nineteenth-Century America', *Pennsylvania History* 54 (1987): 17-33. It has been argued, by historians and sociologists such as Michel Foucault and David Armstrong, that the patients themselves are constructs rendered visible only by the 'medical gaze;' whilst N.D. Jewson has argued that the 'sick man' disappeared from medical discourse during the nineteenth century, to be replaced by an emphasis on the disease, or diseased organ, as the object of medical interest. See David Armstrong, *Political Anatomy of the Body: medical Knowledge in Britain in the Twentieth Century*, (Cambridge: Cambridge University Press, 1983); N.D. Jewson, 'The Disappearance of the Sick-Man from Medical Cosmology, 1770-1870', *Sociology* 10 (1976): 225-244; Michel Foucault, *The Birth of the Clinic*, (London: Routledge, 1973). Foucault has suggested that clinicians in post-revolutionary French hospitals also increasingly saw the patient as a disease entity, rather than as a whole person; whilst Stanley Joel Reiser, *Medicine and the Reign of Technology*, (Cambridge: Cambridge University Press, 1978) has added to this basic thesis by suggesting that the increased use of the stethoscope furthered the process of alienation between physician and patient. The stethoscope enabled the physician to bypass communication with the patient by listening to the internal workings of the body, without having to listen to the patient's report of his or her illness. However, some revision of this viewpoint has

shedding light on the experiences of patients, as well as on lay perceptions of sickness and health, is invaluable. In addition to considering the experience of the patient, our understanding of the way in which institutions for the care of the sick interacted with the community they served needs to be explored. Interpreting case notes with this in mind is crucial if we are to fully understand the role of the hospital in the community, as well as in society at large.

As well as containing details of therapeutic practice, the case notes from the Edinburgh Hospital for Women and Children often include information concerning the lives and opinions of individual patients. There is often an account of past illnesses, sometimes written verbatim, for example. Notes observing what the patient perceived to be the “supposed cause” of her present illness, the reasons for patients discharging themselves from the Hospital, or even notes concerning how the patient was faring once she had left can also be found. We must be aware, however, that the information in the case notes is selected and recorded by the doctor. As a result, the patient as she appears in the hospital records can be understood to be constructed by this particular interest group. This leads us to question the value of the case notes as evidence of anything other than the professional rhetoric of the medical women who compiled them. However, the writing of patient records is a two way process, a dialogue between physician and patient, and as such the patient does have some input in terms of what she chooses to tell the doctor. Although historians must be aware of the rhetorical purposes which case notes may have served, therefore, to accord the patient a passive role in the process of their compilation is to unnecessarily limit the use of such

been attempted in John Harley Warner’s unpublished paper, ‘Narrative at the Bedside: The Transformation of the Patient Record in Nineteenth-century America’, in which he argues that up until the mid nineteenth-century “[t]he distinctive voice and person of the individuated sick man and women were persistent parts of clinical discourse” and that even throughout the late nineteenth-century “[i]ndividuality is still expressed in these ... records, albeit in a different language attuned to different indicators.” (p. 3 and p. 29). With regard to the experience of patients, Joel D. Howell’s recent publication, *Technology in the Hospital: Transforming Patient Care in the Early Twentieth- Century*, (Baltimore and London: Johns Hopkins U.P., 1995) emphasises the experience of patients as the recipients of medical technologies. He refers “whenever possible ... [to the] medical care at the level of the individual, specific patient” as “patients individual experiences reflect the widespread changes in how health care was provided in U.S. hospitals between 1900 and 1925”. Ibid., p. 2.

records as a historical resource.⁴³ If we accept that the patients' records do contain information which we can accept as given, then this information can then be pieced together to provide a picture of working and working-class women's experiences of health and illness. It also allows us to understand the specific role which the Hospital played in the health care of this class of women in Edinburgh.

3. "For Poor and Working Women": Social Class at the Edinburgh Hospital for Women and Children

First, let us consider what class of patient were catered for at the Edinburgh Hospital for Women and Children. The Annual Reports, and the rules and regulations of the Hospital, declare that it was established for poor and working women. The information contained in the clinical records concerning marital status, occupation and residence of the patients confirms this. 63% of the patients admitted had their occupations recorded in the case notes. Although the largest single constituency was housewives, who made up 39.7% of those whose occupations were noted, those women in some form of paid employment made up the remaining 60.3%. Those who made up the highest percentage of patients who did paid work were domestic servants, who made up 26.5%, and included kitchen maids, sewing maids, lady's maids, table maids and children's nurses, as well as governesses, cooks, housekeepers and a lady's companion. Those with skilled or semi-skilled trades, including dress makers, knitters and hat trimmers, accounted for 8.5%. Unskilled workers, such as message girls, char women, cleaners and washer women made up 7.8%; those employed in service industries, such as compositors, book binders, telegraph clerks, managers, and shop keepers accounted for 7.4%; whilst factory workers (from the biscuit, rubber, comb, and "fancy box" factories) made up 5.5%. Professional women, which included doctors, students, secretaries, nurses, teachers, accountants

⁴³For a discussion of the difficulties of using case notes as a historical resource, see chapter 3 above, section 4.1.

and missionaries, were the smallest occupational category, making up only 4.6%.⁴⁴ Furthermore, the majority of patients came from working-class areas of town. Over 50% of those whose addresses were noted in the records came from Dalry or Gorgie, Leith, Calton, Southside and Haymarket alone, whilst many women from Lauriston, the Pleasance, St. Leonard's, the Old Town and Polworth also attended.⁴⁵ Finally, both married and single women sought out the services of a female doctor, with 52.3% of those women attending being unmarried, 40.6% married and 6.8% widowed.⁴⁶

These figures indicate that the Edinburgh Hospital catered for a mixture of working and lower middle-class women, those largely unable to afford private medical treatment, and for whom the voluntary hospital was usually the main source of medical care. Although the Edinburgh Hospital was founded and run on a provident basis, as the Committee "believed that the labouring poor do not wish to be the objects of charity",⁴⁷ the poverty of many patients was such that even the small sum demanded for treatment was beyond their means. As a consequence of this, four years after the Hospital's establishment a reserve fund had to be started up to pay for the treatment of those who could not afford to pay for themselves.⁴⁸ Over the years, the demand for medical care from this constituency became troublesome, and the number of patients attending who were unable to pay was remarked upon as a source of financial concern in the minutes of the Executive Committee on more than one occasion.⁴⁹ However, demand for the Hospital was such that

⁴⁴ See appendix II. The sample of women from the Royal Edinburgh Asylum which Thompson used in her study have similar percentages for the same occupations, with housewives accounting for the highest percentage of inmates and domestic servants being the second. See Thompson, *op. cit.* (n. 15), pp. 150-151.

⁴⁵ See appendix II.

⁴⁶ See appendix II.

⁴⁷ Regulations and Bye-Laws of the Edinburgh Hospital for Women and Children, 1885.

⁴⁸ In 1888 the Committee reported that a "small reserve fund" was to be set up to provide financial assistance for impoverished women, and, "from which such patients could obtain the necessary help". See Edinburgh Hospital for Women and Children, Executive Committee Minute Book, Vol. 1, 1888, p. 109. Tickets allowing the holder to receive advice and treatment for free were also issued by the Dispensary. Bye-Laws of the Edinburgh Dispensary for Women and Children, 1883.

⁴⁹ Executive Committee Minutes, vol. 2, 1890, p. 190; *ibid.*, 1894, p. 254; *ibid.*, vol. 3, 1903, p. 165.

many women who had independent (albeit limited) means were prepared to pay for the services which the Edinburgh Hospital offered.⁵⁰

The high percentage of women attending who were in employment and who had work-related illnesses indicates the difficult working lives of many women. That the majority of patients were single also implies that the hospital provided important support for women who lacked family and relatives to care for them in times of illness and distress. However, over 40% of those who had their marital status noted were married. In most cases they did not have paid employment, and their occupation was described simply as “housewife”. The illnesses from which these women predominantly suffered were those which the medical women, associated with child-bearing, poverty, over-work, malnutrition and fatigue. The information in the clinical records which details the life experiences and illnesses of the patients often reveals the dependent nature of many married women’s lives in this period, the incessant toil which running the household and caring for a family involved, and the health problems and general hardships which this created. These points are borne out by a detailed analysis of the information concerning the causes and symptoms of the patient’s “present illness”, as well as her “past history”, which are contained in the Hospital’s case notes.

4. Sick But Sane: The Patients and their Complaints

As we have seen in Chapter 3 above, the illnesses most often presented at the Edinburgh Hospital formed a combination of inter-related symptoms such as “flooding, vomiting, sweating, debility, cough, weakness and anorexia”,⁵¹ “dyspepsia, depression and constipation”.⁵² These examples are typical of the illnesses and complaints experienced by the

⁵⁰ EHWC Annual Report 1900, p. 3.

⁵¹ Register of Patients, vol. 1, p. 32.

⁵² Ibid., p. 244. See also *ibid.*, p. 257 and p. 21.

patients who attended the Hospital.⁵³ The cause of illness most frequently cited was “overwork”, which was given as a cause of poor health and sickness by both married and single women, many of whom, as we shall see, could be described as having “lived a hard worried life”.⁵⁴

The case notes contain frequent references to the hardship and drudgery of working-class women’s lives. Unmarried women often complained of working long, exhausting hours as servants and cleaners, for example, or suffered from illnesses as result of their working conditions.⁵⁵ The married fared yet worse. Experiencing “repeated pregnancies [and] hard work”,⁵⁶ they also had numerous miscarriages, and were often compelled to rise too soon after parturition to resume the ceaseless round of domestic drudgery.⁵⁷ They bore, nursed and looked after up to eleven children,⁵⁸ and sometimes also had to cope with (and protect their children from) drunken and uncouth husbands.⁵⁹ In addition, a number of women - both married and single - found themselves cleaning, washing and scrubbing “in wet damp weather”⁶⁰; or lived in damp, draughty and “sunless” lodgings.⁶¹ Continual poverty, malnutrition, and, especially in the case of married women, economic dependency, compounded their troubles. Indeed, the exhausted and worn out appearance of many of the patients was cause for some concern, and remarks such as “looks starved”,⁶² “emaciated [and] anxious looking”,⁶³

⁵³ See appendix I. Jane Lewis has discussed the predominance of such symptoms amongst working class women in England during the early twentieth-century. Many women who reported such ailments could not afford to pay doctors fees and remained in chronic ill-health for most of their lives. See Jane Lewis, *Women in England, 1870-1950*, (London: Harvester Wheatsheaf, 1984), pp. 23-28.

⁵⁴ Register of Patients, vol. 1, p. 246. Up to four causes of illness were given at any one time. However, only 37.7% of the total number of cases had a cause given. 14.6% had their illness attributed to overwork, or recorded as work related. See appendix I, tables 8 and 9.

⁵⁵ Register of Patients, vol. 2, p. 33.

⁵⁶ Ibid., p. 209.

⁵⁷ Ibid., vol. 1, p. 119. 13.7% of all cases recorded childbirth and or problems related to pregnancy and childbirth as the reason for their illness.

⁵⁸ Ibid., vol. 1, p. 119. Mrs. 29 had had 9 children. Her age is given as “says 36 but looks 50”. Ibid., p. 29.

⁵⁹ See, for example, ibid., p. 45, p. 118 and p. 123.

⁶⁰ Ibid., p. 35.

⁶¹ Ibid., p. 142, p. 137, p. 290 and ibid., vol. 2, p. 124.

⁶² Register of Patients, vol. 1, p. 14.

⁶³ Ibid., p. 202.

“v[ery] thin and weak looking”,⁶⁴ “looks feeble”, “looks ghastly”, and the especially pessimistic “moribund”,⁶⁵ appear throughout the case notes, especially during the 1880s and early 1890s, when the Hospital records were generally more detailed and less formalised.

The connection between the conditions and circumstances of the patients’ lives and the fatigue, anaemia, debility, nervousness and general ill-health which they complained of is made explicit in the case notes. Miss 278, for instance, a table maid, was admitted with anaemia, constipation and pain under her ribs. She remained “restless and nervous” to such a degree - despite sleeping draughts and brandy - that she was eventually “seen by Dr. Clouston, who examined her ... and thought her nervous condition would improve with her physical health”. Despite being discharged well after 3 weeks, she was re-admitted a year later, by which time she exhibited “marked nervousness, shifty eyes, jerking of legs and arms on speaking [and] insomnia”. She expressed a “great desire to get up” and entertained “fixed delusions that we wish to keep her in bed for reasons of our own”. All this was understood to be the result of “over work and worry”.⁶⁶ Single women especially complained of illness as a consequence of their working life. Miss 83, the manager of a book binding office, for example, was admitted to the Hospital in a debilitated and anaemic state, the result of worry, overwork and a bout of scarlet fever. Exhausted and undernourished, she was described as “very nervous... [and] thinking herself dying”.⁶⁷ Miss 122 was admitted with debility, dyspepsia and constipation. Although her occupation was not noted, her condition was recorded as being the result of “fatigue and overwork”. She claimed that her “heart seems to jump, and pain chokes her”. Throughout her stay, she was reported to be “very nervous [and] asks if she has cancer? If her heart [is] not too quiet?” and only seemed “better if [her]

⁶⁴ Ibid., p. 234.

⁶⁵ Ibid., p. 28.

⁶⁶ Despite her delusional state, however, the continued ministrations of food, laxatives, sedatives and various tonics enabled her to be discharged as “relieved” within three weeks. Ibid., vol. 1, p. 278 and vol. 2, p. 14.

⁶⁷ Ibid., vol. 1, p. 83 and p. 125.

attention [is] diverted”.⁶⁸ After ten days of rest she insisted on being discharged, only to return six days later in the same nervous and exhausted condition.⁶⁹

Married women also experienced similar ailments, though brought on by different conditions of life and work. Mrs 21, for instance, a nursing mother, was re-admitted five times throughout 1886, suffering each time from “fatigue and exhaustion”. This was noted as being the result of lactation combined with the chores of her every day life and the weakness which menstruation inflicted on her already tired body.⁷⁰ Mrs 119, aged 56, had eleven children, and was admitted for “fatigue and pain”, caused by “rising three days after confinement and lifting heavy weight”. She was also treated for anaemia, constipation and nervousness.⁷¹ Similarly Mrs. 193, with only one child, but a history of four miscarriages, was admitted exhausted, “haggard and anxious”, as the result of a “difficult labour [and] rising too soon after the child’s birth”.⁷²

Married women also frequently had such pressing obligations at home, due to the demands of husband and children, that they were unable to remain in the Hospital long enough to ensure complete - or even partial - recovery. This was an occurrence which Clouston had also observed as being a reason why his patients suffered relapses, or failed to make a speedy or full recovery⁷³ At the Edinburgh Hospital for Women and Children, Mrs. 67 is a case in point. Although aged only 37, she had already born ten children (only six of which were living). She was described as “look[ing]

⁶⁸ This patient was also recorded as having been treated by Jex-Blake for “pulmonary troubles” in 1883. *Ibid.*, p. 122.

⁶⁹ Miss 278, Miss 83 and Miss 122 were all treated with “rest and good food”, as well as iron, cincona and Easton’s Syrup to build their strength, and potassium bromide to calm them down. As we have seen in the previous chapter, this was the sort of treatment advised by Clouston as the best means of treating certain temporary forms of insanity.

⁷⁰ *Ibid.*, vol. 1, p. 21.

⁷¹ *Ibid.*, p. 119.

⁷² The therapeutic regime practised at the Edinburgh Hospital for Women and Children has been discussed in the previous chapter, so details of treatment will not generally be repeated here. Like most other cases of this kind, however, Mrs 193 was prescribed “rest in bed” anti-septic douches, a “light diet [with] fish or milk”, iron and nerve tonics and laxatives, and was detained under this regime for over a month before being considered well enough to be discharged. See *ibid.*, p. 193.

⁷³ Thompson, *op. cit.* (n. 15), p. 239.

feeble [and] anaemic”, and was admitted with painful breathing and general debility. She was in hospital for only five days, despite her weak state, as her husband insisted on her returning home to resume her domestic duties.⁷⁴ Mrs 237, aged 38 and with 10 children, entered the hospital for rest and care, as she was suffering from “frequent pregnancies, exhaustion, worry and overwork”. She remained in the Hospital for 2 weeks, and although not fully recovered, “as she was much needed at home, she was discharged”. By the time she returned just over a year later her symptoms were noted to be far worse. She was now “very nervous”, “very excited ... hysterical ... and restless”, anaemic, constipated, and “complain[ing] of dizziness in the head”.⁷⁵ A final example is Mrs. 207. Aged only 34, she too was married with ten children, and was admitted with symptoms of sleeplessness and anaemia, caused by “frequent pregnancies, overwork [and] worry”. She was seen to be “nervous, restless ... talkative” and “hysterical”, claimed she could see “specks before her eyes” and described feeling as though there was a “weight on [her] abdomen”.⁷⁶

Many women who attended the Edinburgh Hospital were suffering from illnesses which were noted to be caused by stressful conditions of life similar to those which were outlined by Clouston as being responsible for the onset of mental disturbance. The actual characteristics of insanity - mania, delusions, suicidal tendencies - however, were not manifested. Despite this, the patients at the Edinburgh Hospital exhibited many of the physical symptoms - such as anaemia, exhaustion, nervousness, irritability, and even dizziness, nausea, headache and spots before the eyes - which had been noted by Clouston to be precursors of lactational insanity, anaemic insanity, idiopathic insanity, and asthenic idiopathic insanity. Furthermore, the Annual Report for 1900 drew the reader’s attention to “the number of nervous ailments” which were treated at the Hospital. “There are no cases which more urgently call for treatment away from home than these nervous ones”,

⁷⁴ Register of Patients, vol. 1, p. 67.

⁷⁵ Ibid., p. 237 and p. 284.

⁷⁶ Ibid., p. 207. See also *ibid.*, p. 281, who was admitted for a rest after a miscarriage (already had 9 children and had 1 had misc.) and *ibid.*, p. 285, who was married with three children and had had a miscarriage “due to fatigue”.

explained the Medical Officer, “and the difficulty of securing efficient treatment in a suitable institution for poorer patients of this class has hitherto been almost insuperable”.⁷⁷ As Clouston had observed, however, there were many nervous cases which were not severe enough to warrant incarceration and treatment in the asylum. The women who sought help from the Edinburgh Hospital had not yet reached the “limits of the physiological”, and remained, at this point, sound in mind (almost), although weak in body.

Although those patients who attended the Hospital were suffering from mainly physical illnesses, a number of women were also admitted who were considered by the medical women to be exhibiting signs of mental instability, or were certainly very close to it. Despite this, the care and attention they received usually did much to restore them to health and calm their disturbed minds. Miss 191, for example, a dressmaker, was afflicted with neuralgia, weakness, anaemia, migraine and fainting fits (all compounded by constipation). These complaints were deemed to be the accumulated result of “mental shock” due to the death of her father two years previously. Whilst in the Hospital, she passed out and had fits of delirium and convulsions. Her treatment, which consisted of rest and food (including “claret with dinner”) and mild sedatives,⁷⁸ was very similar to that recommended by Clouston as the best and most successful and humane way to treat delirium and mania.⁷⁹

Miss 34 entered the Hospital in 1899 still somewhat nervous and neurotic having undergone “Weir Mitchell treatment in [the] Infirmary”. Developed in the 1870s by one of America’s most distinguished neurologists, Weir Mitchell Treatment was “the standard treatment for neurasthenia” in the

⁷⁷ EHWC Annual Report 1900, p. 6.

⁷⁸ Register of Patients, vol. 1, p.191. See also *ibid.*, p. 288, a housewife with ten children was admitted with pleurisy and “hysterio-epileptic fits” brought on by the fact that “her house was burned down ... and exposure brought on severe hysterio-epileptic attacks”. This patient was treated with two weeks of “complete rest and quiet”, lots of milk, beef tea and brandy, mild aperients, iron tonic and sedatives.

⁷⁹ Thomas Clouston, ‘On the Use of Hypnotics, Sedatives and Motor Depressants in the Treatment of Mental Diseases’, re-printed from the *American Journal of the Medical Sciences* (1889): 1-11, p. 9.

1880s and 1890s.⁸⁰ Also described as the “rest cure” for those women who were “thin, tense, fretful and depressed”, it involved “seclusion, massage, electricity, immobility” and attention to diet.⁸¹ Showalter quotes Mitchell himself on the nature of his treatment, which entailed

‘a combination of entire rest in bed and of excessive feeding, made possible by the passive exercise obtained through steady use of massage and electricity.’ For six weeks the patient was isolated from her family and friends, confined to bed, forbidden to sit up, sew, read, write, or to do any intellectual work, visited daily by the physician, and fed and massaged by the nurse.⁸²

Weir Mitchell Treatment was considered suitable for “the worn and wasted, often bedridden woman, who had broken down, either from some sudden shock, such as grief, or money losses, or excessive mental or bodily strain”.⁸³ Very few patients were noted as having been referred to the Edinburgh Hospital from other institutions in the city, and Miss 34 is the only example of a patient who had come from the Infirmary after having received this treatment. It is interesting to note that the women doctors at the Edinburgh Hospital seemed somewhat impatient with her, and the case notes suggest that her complaints were regarded as affected rather than real. On her admission to the Hospital Miss 34 appeared to be entirely preoccupied with her health. She was convinced that her “breastbone sticks out unless she keeps her hand pressed on it to keep it in position”, declared that she was unable to get up without assistance, and coughed incessantly. She also “felt inclined to faint” but, as the rather unimpressed Attending Medical Officer noted, “did not manage quite”. Despite her claim that she could not get out of bed, she then rose and “battered at the ward door and rang a bell at an unearthly hour in the morning as she thought it was high time for her

⁸⁰ Showalter, *op. cit.* (n. 4), pp. 138-140. Although used in both Britain and America, Showalter suggests that the treatment had different implications in the two countries. See *ibid.*, pp. 140-144.

⁸¹ *Ibid.*, p. 138.

⁸² *Ibid.*

⁸³ W.S Playfair, professor of obstetric medicine at Kings College, quoted in *ibid.*, pp. 139-140.

breakfast". "I have given reason for no cough, therefore to stop it" it was remarked by Dr. Isabel Venters in the case notes. The patient was also forced to "get up without assistance", was "reproved" for battering on the door, and told that her breast bone would no longer stick out as the emulsions she was being given fattened her up. On receiving this last piece of information, Miss 34 was instantly "satisfied that she felt it less already", and, after a few days of languishing, "actually admitted that she was a little better".⁸⁴

Other patients whose symptoms or behaviour brought their sanity under question, or who had already spent some time in the Asylum, included Mrs 68, who felt "a buzzing like a machine inside her head" and was eventually "examined by Dr. Sibbald from the Lunacy Commission".⁸⁵ Miss 24, who suffered from severe epilepsy, was described by Dr. McLaren as "not at all well - quite off her head", whilst women who were described as being alcoholics,⁸⁶ "mentally deficient",⁸⁷ "dull [and] melancholy",⁸⁸ hysterical,⁸⁹ or afflicted with puerperal insanity,⁹⁰ were also treated. All of these women were suffering from either exhaustion, debility, anaemia, or all three. A number of them had previous histories of mental illness, or spells in Morningside Asylum.

Clouston was anxious that patients only be admitted to his care if it was really unavoidable, and was concerned that physicians in general have an understanding of the causes and symptoms of mental illness in order that treatment could be attempted before incarceration was required.⁹¹ There was certainly still a stigma attached to having been treated at Morningside Asylum, "public sentiment ... connects shame and disgrace with mental disease", he wrote, "a prejudice of the Middle Ages".⁹² Such stigma and opprobrium, however, could be avoided if help was sought at the Edinburgh Hospital for Women and Children, and the rest, sympathy and nourishment received there

⁸⁴ Register of Patients, vol. 2, p. 34.

⁸⁵ Ibid., p. 68.

⁸⁶ Ibid., vol. 1, p. 4.

⁸⁷ Ibid., p. 224.

⁸⁸ Ibid., p. 124.

⁸⁹ Ibid., p. 97; *ibid.*, vol. 2, p. 50.

⁹⁰ Ibid., p. 145.

⁹¹ Clouston, *Clinical Lectures*, *op. cit.* (n.9), pp. 2-6.

⁹² Ibid., p. 9.

were effective. Indeed, despite a number of patients being examined by Clouston for signs of insanity,⁹³ over the whole of this sixteen year period only one patient, Miss 215, described as “dull, apathetic, constipated” and “troublesome at home”, was actually discharged into his care.⁹⁴ Despite this, it must not be supposed that the Hospital was willing to treat cases of extreme mental disturbance. Although depression was noted as a symptom among patients admitted, any attempt at suicide put the patient beyond the remit of the Hospital. Thus, in 1902 the Medical Committee reported that “a patient ... had tried to take poison. It was unanimously decided that no patient showing such a tendency could remain ... and that it be a rule of the House, as the Institution does not exist for the treatment of mental cases, that any such case must be immediately removed”.⁹⁵

Clearly, therefore, the Hospital served an important role in the health care of the working women of Edinburgh: it offered them the opportunity to rest and to be cared for in a sympathetic environment, and the chance to recover from chronic illnesses such as debility, anaemia, nervousness and anorexia, which could otherwise develop into more serious physical and mental conditions. However, the importance of the Edinburgh Hospital for the working-class women of Edinburgh was based on more than simply its role as an institution for the cure or relief of illness. It also served a rather different role within the community - as a place where women could escape from the ceaseless grind of their every-day lives and find sympathy and support, as well as medical care.

⁹³ For example, Register of Patients, vol. 1, p. 203; *ibid.*, vol. 2, p. 68; *ibid.*, vol. 1, p. 278.

⁹⁴ *Ibid.*, p. 215.

⁹⁵ Edinburgh Hospital for Women and Children, Minutes of the Medical Committee, July, 1902 (no pagination).

5. The Community, the Hospital and the Patient

To begin with, it is worth considering why the city of Edinburgh was able to support yet another hospital. The extraordinary number of institutions in the city for the care of the sick has already been remarked upon,⁹⁶ and the role which the Edinburgh Hospital for Women and Children served for a population already so spoilt for choice in this respect is a subject which must be addressed. Despite its modest beginnings, even in relation to the other hospitals in the city, the tiny hospital on Grove Street can be seen to have offered a unique service to the women of nineteenth-century Edinburgh - and one for which women were prepared to pay.

The other health care institutions in the city did not offer the same form of treatment as the Edinburgh Hospital nor, as voluntary hospitals, were they able to. The Royal Infirmary, for example, generally only admitted cases which were acute. Cases which were treated there would generally have to be considered interesting or life-threatening enough to offer a challenge to the great men who worked there, whilst at the same time giving them illustrative and instructive examples of illness and disease to show to their students. Cases of fatigue and exhaustion, anaemia, malnourishment, general sickness, lassitude and constipation were of little or no interest to the great clinicians of the Infirmary, whose reputations needed the constant challenge of difficult or interesting cases to be maintained.⁹⁷ Furthermore, chronic cases tended to fill up beds and reduce the number who could be treated by slowing down the turn-over of patients. This would be frowned upon by the accountants and managers of the voluntary hospitals as being bad for the statistics of the Annual Reports.⁹⁸ Indeed, it is worth noting here Christison's remark that the food at the Infirmary should be kept to a minimum, "otherwise impostors may be encouraged to resort to the sick wards of the hospital and the

⁹⁶ See chapter 1, section 3.

⁹⁷ Bria Abel-Smith, *The Hospitals, 1800-1948: A Study in Social Administration in England and Wales*, (London: Heinemann, 1964), p. 36.

⁹⁸ *Ibid.*, pp. 36-39.

physician will be deprived of his simplest and most effectual mode of getting rid of a numerous class of hospital inmates, whose complaints, although real, are not bad enough to entitle them to hospital maintenance”.⁹⁹ Thus, despite being sick, patients were often not sick enough to remain in, or even enter the Infirmary and, indeed, often had to be “got rid of” once inside if their complaints were not sufficiently severe or life-threatening.

Many of the other hospitals in Edinburgh catered for specific forms of illness - incurable diseases, obstetric cases, children’s diseases, fever, venereal diseases, or insanity, for instance. The medical women themselves were quick to emphasise the uniqueness of their institution and its importance to sick women. “[E]ven in a city where free dispensaries and hospitals are almost too plentiful ... [they wrote], a very considerable number of poor women do highly value the opportunity of consulting physicians of their own sex, and will come long distances and make payments for medicines in order to secure these advantages”.¹⁰⁰ In addition to the medical women’s rhetoric, however, the information contained in the case notes from the Hospital suggest that there was another reason, based on the type of care which the Hospital offered, which accounts for the success of the Edinburgh Hospital: the types of chronic, functional complaints which were presented there were not generally catered for by other institutions in the city. Women who were suffering from those disorders which the medical women recorded in the case notes of the Hospital generally had nowhere else to go for institutional treatment.

The lack of historical research on the experience and autonomy of hospital patients has left us with an incomplete picture of nineteenth century institutional health care, and also with misconceptions about the resilience of the working-classes who made up the bulk of the clientele of such institutions in the Victorian period.¹⁰¹ Traditional history of medicine simply ignores the

⁹⁹ Robert Christison, ‘Food in the Treatment of Disease’, Notes and Lectures on Materia Medica and Dietetics, 1832-1874, p. 1.

¹⁰⁰ Executive Committee Minutes, vol. 2, Jan. 30th 1884, p. 11.

¹⁰¹ Historical work which emphasises the patient includes Michael Barfoot and Allan Beveridge, “‘Our Most Notable Inmate’: John Willis Mason at the Royal Edinburgh Asylum, 1864-1901”, *History of Psychiatry* 4 (1993): 159-208; idem., ‘Madness at the Cross-Roads: John Home’s Letters from the Royal Edinburgh Asylum. 1886-1887’, *Psychological Medicine* 20 (1990): 263-284. See also Roy Porter (ed.), *Patients and*

patient, and more recent scholarship does not redress this position, but simply finds a new theoretical justification for continuing to do so.¹⁰² Porter suggests that “the word ‘patient’ implies that a person has put himself ‘under the doctor’, and the term has powerful connotations of passivity”.¹⁰³ However, given the detailed nature of the case notes from the Edinburgh Hospital, a perspective of the patients can be built up which does not conform to notions of passivity or lack of power and autonomy in the face of medical treatment and clinical scrutiny.

Constance McGovern addresses these issues in her articles on working-class use of health care institutions in late nineteenth-century America, and tackles the “myths of social control and custodial oppression” which surround the historical understanding of asylums.¹⁰⁴ McGovern suggests that the state authorities expected asylums to be used only for the incarceration of certified insane and dangerous people. Those who ended up inside, however, were not all of this type. Indeed, she argues, a large number of those who entered the asylum chose to do so, and made use of its custodial and medical role for their own purposes. Often it was used by patients, or relatives of patients, as a sort of nursing home, either by individuals with no family, or by many families who were unable cope with or care for a sick, mad or dying relative. Such individuals, instead of being looked after at home where there was often no room to care for them for a long period of time, were sent to the Asylum by their families (or elected to go themselves) to be taken care of. McGovern argues that, in this way, the institution was used by the working-classes for a purpose which the doctors and committee members who controlled it did not expect. Rather, many working-class families “made selective use of the custodial functions of an asylum for the insane and manipulated its therapeutic purposes to fit their

Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society, (Cambridge: Cambridge University Press, 1985).

¹⁰² Ibid., p. 2. See also Michael Foucault, *The Birth of the Clinic*, (London: Routledge, 1973) and David Armstrong, *The Political Anatomy of the Body: Medical Knowledge in Britain in the Twentieth Century*, (Cambridge: Cambridge University Press, 1983).

¹⁰³ Porter, op. cit. (n. 42), pp. 2-3.

¹⁰⁴ Constance McGovern, ‘The Myths of Social Control and Custodial Oppression: Patterns of Psychiatric Medicine in Late Nineteenth-Century Institutions’, *Journal of Social History* 20 (1986-7): 3-23; and idem., op. cit. (n. 42).

needs”.¹⁰⁵ Social control, therefore, was not something which the working-classes were always the passive victims of.

General strategies which women employed for day to day survival and to get through hard times throughout the late nineteenth and early twentieth-centuries have been charted by feminist historians.¹⁰⁶ As Ellen Ross observes, working-class women were often “women of tireless energy, remarkable domestic skill and inspiring compassion”, who co-operated with one another and offered each other support, when possible, in times of economic hardship.¹⁰⁷ However, strategies of mutual support and comradeship amongst women could not prevent ill health or the accumulation of stress and fatigue. Once they became ill, or simply run down, many working-class women lacked the support at home necessary to enable them to rest and recover. McGovern pin-points this as one of the reasons why both working and working-class women were likely to go to the asylum.¹⁰⁸ “Baths, bed-rest, good food, tonics and emotional support and general attention to their mentally and physically exhausted state provided a level of care and attention unlikely to be found in the working-class home” she observes. The asylum was a haven of rest, she continues, “and patients often went to great lengths to stay”.¹⁰⁹

As illustrated by the case notes of the Edinburgh Hospital for Women and Children, the nature of women’s lives in late nineteenth century

¹⁰⁵ McGovern, op. cit. (n. 42), pp. 28-29.

¹⁰⁶ Ellen Ross, ‘Survival Networks: Women’s Neighbourhood Sharing in London Before World War I’, *History Workshop Journal* (1983): 2-27

¹⁰⁷ Ibid., p. 4. Ross goes on to observe that working class women are seldom accorded a voice in historical studies of working class lives and culture, which tend, instead, to focus on the manly world of “shop-floor customs, friendly societies, working men’s clubs, and relations between skilled and unskilled workers. For a discussion of the pressures of motherhood for working-class mothers in London in this period, see Ellen Ross, ‘Labour and Love: Rediscovering London’s Working-Class Mothers, 1870-1918’, in Jane Lewis (ed.), *Labour and Love: Women’s Experience of Home and Family, 1850-1940*, (Oxford: Basil Blackwell, 1986), pp. 73-84. See also Lyn Jamieson, ‘Limited Resources and Limiting Conventions: Working Class Mothers and Daughters in Urban Scotland, 1890-1925’, in *ibid.*, pp. 49-69, for a discussion of the role of mothers and daughters in the management of the household in the late nineteenth and early twentieth centuries. For a study of the working and lower middle classes of Edinburgh see Robert Q. Gray, ‘Styles of Life, the “Labour Aristocracy” and Class Relations in Later Nineteenth-Century Edinburgh’, *International Review of Social History* 18 (1973): 428-452.

¹⁰⁸ McGovern, op. cit. (n. 42), p. 25.

¹⁰⁹ Ibid.

Edinburgh was one of poverty, frequent child bearing and hard work. The desire to escape these social conditions in times of illness and fatigue must have been acute. Most women who entered the Hospital appeared to view it as a benevolent institution and “haven of rest”, rather than as a bastion of moral instruction.¹¹⁰ Many women entered who were clearly not able to get the care they needed at home - the presence of too many children and a working husband; or too many children and a drunken husband; or no relatives at all, for example, making a visit to the hospital imperative if they were ever to regain the physical and mental strength needed to continue with their lives. Rest, nourishment, sympathy and emotional support, as provided by the Hospital, were things which working-class women were keen to take advantage of. Women doctors, in their much touted role as the caring and compassionate element in the medical profession, were clearly prepared to dispense them.

Clouston had observed that many women, both single and married, lacked a supportive home environment to help them through illness, or to take a share of the burdens of housework and motherhood. Many unmarried or widowed women lived alone, for example, and when they became ill there was no one to care for them. Their physical ailments, declared Clouston, if not treated, could put their sanity at risk.¹¹¹ Such women were able to get the necessary attention at the Edinburgh Hospital for Women and Children. Miss 132, for example was noted to be living by herself in one room. She was described as being “a little tubercular” and very weak, and was “not able to get care” at home. The Hospital was crucial if she was to receive the care and treatment needed for a full recovery.¹¹² Similarly, Miss 174, formerly a lady’s “companion”, having nowhere else to go, eventually stayed in the hospital for over a year even receiving letters there. Indeed, she was there for so long that she began to have side effects from the arsenic in her medicine.¹¹³ Miss 123 was only 22, but was trapped in the house doing “very hard work” with a “large family to see to”. She had taken “no care ...

¹¹⁰ Register of Patients, vol. 1, p. 160.

¹¹¹ Clouston, *The Hygiene of Mind*, op. cit. (n. 29), p. 71.

¹¹² Register of Patients, vol. 2, p. 132.

¹¹³ Ibid., p. 174.

with regard to her food” and no one at home had seen to it that she ate properly. By the time she came to the hospital, she was exhausted and anaemic, being “pale [and] almost in tears”. Although subjected to the usual method of treatment, it still took her six weeks to recover sufficiently to be discharged.¹¹⁴

The importance of the Hospital as a place to rest and regain strength of mind and body was especially true for married women, beset by alarming lack of control over their fertility (or exhausted through nursing and child care), often combined with physical abuse at the hands of their husbands, or the grind of domestic drudgery. Despite being surrounded by family, as the sole carers in the home, when married working-class women became ill or run down there was often no one to care for them adequately. It was also impossible for them to rest from the marital obligations and domestic duties which had caused their weakness and debility in the first place. By entering the Hospital, however, they found the rest and sympathy which they needed. Mrs 143, for instance, had ten children to care for, as well as domestic chores to perform. The sickness, debility and mental enervation which resulted in her physical collapse was “brought on”, she claimed, by “doing a washing”. On her admittance she was described as “very emaciated” and weighed only just over five stone. Reported as being “very depressed”, she had been progressively “getting thinner, and feels very weak”. Despite her obvious ill health there was “no one to attend her at home” as she had “several small children [with] the older ones out working”.¹¹⁵

A number of married women also suffered violence and abuse at the hands of their men folk, and the hospital provided a sympathetic escape from the tyranny of their husbands. Without such a refuge, these women would have to endure the abuse of their husbands until greater harm was done to them either mentally or physically. Such physical violence was often noted down with outrage by the women doctors. One of the earliest patients, the pregnant Mrs 20, for example, entered the Hospital suffering “injuries for which her husband ‘got a month’”.¹¹⁶ Mrs. 118 was admitted with “pelvic

¹¹⁴ Ibid., p. 123.

¹¹⁵ Ibid., vol. 1, p. 143.

¹¹⁶ Ibid., p. 20.

pain”, whose “probable cause” was a “kick in the abdomen from [her] husband”,¹¹⁷ and Mrs 45 was referred to the Hospital from the Dispensary in great pain after being “badly treated by her husband in drink”.¹¹⁸ Mrs 123 had a particularly gruelling life, the physical and mental repercussions of which even the women’s hospital was able to do little to alleviate. The mother of seven children, she entered the Hospital prostrated by exhaustion, was run down and nervous, and experiencing “hot flushes... sleeplessness [and] mental anxiety caused by [her] drunken husband”. After 2 days in the hospital she was reported to be “better for [the] rest”, but insisted on going home “to protect children from drunken father tomorrow (Saturday) night”.¹¹⁹ Returning to the hospital on the Monday, by this time she was also complaining of “noises in her head” and black specks before her eyes. Although rested and cared for in the hospital for the remainder of the week, with the approach of the next weekend she once again insisted on being discharged.¹²⁰

Demand for the services of the hospital was such that by the early 1890s the House Committee felt compelled to pass a motion calling for stricter measures in restricting the number of non-paying patients who were admitted.¹²¹ The rest, food and sympathy which the patients enjoyed there was a blessed relief to many of the working-class patients who sought admittance. Indeed, some patients could scarcely be cajoled to leave. Miss 149, on being told that she could be discharged on 10th of October 1890, insisted that she was “not feeling so well [and] wished to remain another week”. By the 21st, she again refused to leave and was finally discharged on

¹¹⁷ Ibid., p. 119.

¹¹⁸ Ibid., p. 45. Another example is that of Mrs. 142. She was married with seven children, was admitted suffering from constipation and nausea, and afflicted with nervousness, debility, heart problems and severe pain in her head. It was noted that she lived in a “very poor house,” and that her “husband and son drink”, as a result of which she “had to go out selling to support herself.” See *ibid.*, vol. 2, p. 142.

¹¹⁹ Ibid., vol. 1, p. 123.

¹²⁰ Similarly, Mrs 25, the mother of three children, was admitted weak and coughing, with possible pneumonia, the supposed cause being the physical weakness which had overcome her after the birth of her last child. She was given “rest and care” for three weeks but was unable to fully regain her strength, having “to go home ... because of drunken husband!”. *Ibid.*, vol. 2, p. 25.

¹²¹ Executive Committee Minutes, vol. 2, 1892, p. 242.

28th, six weeks after her admission.¹²² Others went so far as to feign illness. Miss. 263, for example, a young domestic servant, complained on her admission of “pain all over”. A physical examination was performed, but nothing could be found to be wrong with her. Her face was reported to be “perfectly placid, with no expression of pain or suffering”. The patient also attempted “to make out retention of urine, but didn’t succeed”. Although she continued to declare that she was in “great pain” it was remarked, with some irritation, that despite this, she “eats well, sleeps well, [and] laughs heartily”.¹²³

Finally, it is worth observing that the gratitude of the patients, and their relief at being able to rest and recover, were frequently noted. Miss 149 declared that she had “never slept so well before”;¹²⁴ Miss 171 “was thinking that she was never so well as this”; and Mrs 160 described the hospital as “a haven of rest”.¹²⁵ Comments such as “very grateful”,¹²⁶ “well and grateful”,¹²⁷ and especially “enjoying rest and food”¹²⁸ were also regularly recorded in the case notes.¹²⁹

In addition to its role as a refuge for tired and run-down women the Hospital also acted as a family hospital, with married women occasionally entering accompanied by their children, who were also often undernourished, sickly or consumptive. Mothers and children had been pin pointed as one of the medical women’s most important constituencies during the campaign for women’s entry to the medical profession. This was an image, therefore,

¹²² Register of Patients, vol. 1, p. 149. More bizarre was Mrs 250 and 260, a housewife admitted with “anaemia, constipation, flatulence, headache, deafness [and] sore throat” which she declared were the result of “overwork” and “service in the Salvation Army.” Her treatment was a two month battle against constipation, with “vomiting and purging.” Reluctant to leave the Hospital in the first place, she insisted on being re-admitted six weeks later in order “to escape the excitement of General Booth’s visit to Edinburgh”. See *ibid.*, vol. 1, p. 250 and p. 260.

¹²³ *Ibid.*, p. 263.

¹²⁴ *Ibid.*, p. 149.

¹²⁵ *Ibid.*, p. 160.

¹²⁶ *Ibid.*, p. 27.

¹²⁷ *Ibid.*, vol. 2, p. 4.

¹²⁸ *Ibid.*, p. 59. This woman was admitted for malnutrition, and had “had a hard working life”.

¹²⁹ The fact that many women returned for further treatment also indicates the popularity with which the Hospital was viewed by many patients. Miss 74 for instance, returned 5 times in 6 years. *Ibid.*, vol. 1, p. 74.

which the Hospital was keen to promote, and the usefulness of enabling mothers and children to be treated at the same time in close proximity was an important feature of the Hospital. Mrs 186, for instance, was admitted in September 1891, suffering from pain in her side, conjunctivitis and general debility. She was accompanied by her 5 year old son, whose symptoms included “emaciation, weakness, cough, sweating [and] deranged digestion”.¹³⁰ In April 1894, Mrs 186 again returned, this time accompanied by her nine year old daughter.¹³¹ Married women were also able to bring their babies with them when they received treatment, as there was often no one at home who was able to look after and nurse a small baby. Mrs 29, for example (who “says [she is] 36 but looks 50”), had 9 children, and was allowed to remain in the Hospital with her youngest child (who was not ill) while she was treated.¹³²

The medical women took seriously their role as doctors in the local community, and they extended their interest in the patient’s health after they had left the hospital, with some of those discharged having their treatment followed up by “home visits” from the resident medical officer, or by attendance at the Dispensary.¹³³ The position of resident medical officer (who actually lived in the Hospital during her term of office) was remarked upon as being not only important in the training of medics, but also invaluable to the patients, who often needed home visits after attendance at the Hospital, or if they were too sick to come into the Dispensary for treatment.¹³⁴ Furthermore, occasionally a patient was taught how to look after her own

¹³⁰ Mrs 186 was suffering from a minor gynaecological disorder, “de-ranged digestion” and was “rather run down”, whilst her son was weak and emaciated, with an irritating cough and a swollen ankle. Unfortunately, it transpired that the ankle was badly infected, and he was discharged to the Infirmary for amputation. (he died as a result). Ibid., p. 187.

¹³¹ The daughter was described as “never very strong”, was debilitated and complained of “aches and tiredness”. Register of Patients, vol. 1, p. 186 and p. 187, p. 209, p. 210 and p. 211. Mrs 186 was again admitted in October 1894, breathless and livid about the lips. On October 29th she was “found dead in bed”. Ibid., vol. 1, p. 237 and p. 234.

¹³² Ibid., p. 29. See also ibid., p. 100; p. 110; p. 124; p. 151 and p. 152; p. 147 and p. 154.

¹³³ Only 35.7% of patients had the place they were discharged to mentioned. The majority of these were discharged to the Dispensary. Only 8 patients, or 5% of those who had their discharge destinations noted, were given home visits in this period. See appendix I. See also chapter 5 below on the moral significance of the Dispensary and of home visits in the treatment of VD at the Hospital in the early twentieth century.

¹³⁴ Executive Committee Minutes, vol. 2, 1887, p. 41.

chronic or incurable illness whilst in the Hospital, and given the appropriate medications to take with her so as to continue the treatment at home. The case of Mrs 56 illustrates this last point, as well as revealing the loyalty which many local women had towards the Hospital (she came back repeatedly over the course of 14 years). Indeed, a number of women attended repeatedly throughout the first sixteen years of the Hospital's existence, either for treatment for the same problems, or returning whenever they felt that they needed a rest.¹³⁵ The case of Mrs 56 also illustrates the point that the Hospital served an important role in the community as a haven of rest for (in this case) the dying, who had no where else to go; and also the argument that many of the illnesses treated at the Hospital had close connections to what were perceived to be the causes and manifestations of mental instability.

A widow from Leith, Mrs 56 was one of the earliest patients to be admitted to the Hospital, first attending for a month in May of 1887. She was readmitted in November of the same year; June of 1888; April of 1890; February of 1892; and finally, July of 1901. On the first five occasions she was treated for neglected eczema on her face, as well as the usual symptoms of being generally run down. She was taught how to dress her own face with zinc and Vaseline, so as to prevent the condition from running out of control when she was not in the Hospital or was unable to get to the Dispensary. By 1890 she was also experiencing some form of mental imbalance, alternating between lying "very quiet and still" and being "noisy ... excited and talkative" and "troublesome to nurse". She was "seen by Dr. Clouston, who found no sufficient grounds for diagnosing insanity, thought [her] brain was anaemic and in an unnatural state of excitability, but would improve with fresh air and a little further care". By 1901 she was one of the last patients to be recorded in the case notes. Now 79, she was deaf and incontinent with "[left] sided hemiplegia". No discharge date or outcome of treatment was recorded.¹³⁶

Finally, perhaps given the rhetoric of the case notes,¹³⁷ it is easy to paint a somewhat rosy picture of the activities of the Edinburgh Hospital for

¹³⁵ For example, Register of Patients, vol. 1, p. 74; p. 47; p. 253; vol. 2, p. 119.

¹³⁶ Ibid., vol. 1, p. 56; p. 72; p. 93; p. 203, vol. 2, p. 274.

¹³⁷ See chapter 3 section 4.1.

Women and Children. As a result, the above discussion of the role and importance of the Hospital for the working-class women of Edinburgh may seem a little over-earnest, and for this reason it is worth considering the less laudatory aspects of the Hospital and the treatment it offered. For a start, there was clearly a class division between the patients and the middle-class doctors who treated them. In some respects, the Hospital embodied many of the weaknesses and contradictions inherent in feminism in this period: it was a middle-class movement, concerned primarily with the advancement of middle-class women. Inevitably, the paternalism which characterised medical practice in general was also pursued by the medical women.¹³⁸ Moreover, although the Hospital offered much needed medical treatment, and even sanctuary from the exhausting conditions of life which brought on many of the illnesses of working-class women, those who attended the Hospital were, at times, subjected to unnecessary indignities. Patient number 291, for example, was “admitted for a rest” suffering from “anaemia, debility and constipation” due to “insufficient feeding at home”. If this is all she was suffering from, we are left wondering why the following was also recorded: “a vaginal examination was attempted on February 12, but was rendered impossible by the struggles of the patient”.¹³⁹ Finally, not all the patients left the Hospital happy with the treatment they had received. Mrs 64 was taken away by her husband who thought she was not getting enough to eat;¹⁴⁰ Miss 54 discharged herself “not satisfied with attention given by resident nurse”¹⁴¹ and Mrs. 298, “ceased attendance, dissatisfied with treatment received”.¹⁴²

¹³⁸ The contradictions and weaknesses of first wave feminism are discussed in detail in Olive Banks, *Becoming a Feminist: The Social Origins of First Wave Feminism*, (Brighton: Harvester Wheatsheaf, 1986).

¹³⁹ This note was taken by “Dr. J-B”, see Register of Patients, vol. 1, p. 291.

¹⁴⁰ Ibid., vol. 2, p. 124.

¹⁴¹ Ibid., vol. 1, p. 158.

¹⁴² Ibid., p. 298. See also *ibid.*, p. 68.

Conclusions

The stresses and strains of every day life for working-class women - overwork, poverty, poor diet, frequent childbearing, drunken or abusive husbands, for example - were, in the late Victorian period, perceived to make up what can best be described as a social aetiology of disease. Thomas Clouston described such social circumstances and living conditions as being amongst the primary causes of bodily illness which could, in turn, lead on to certain forms of temporary insanity amongst working-class women, both married and single. Acute cases of physical fatigue and exhaustion could, argued Clouston, result in the need for such women to receive care and attention at the Asylum. Before this acute stage was reached, however, Clouston was quite clear in his concern that there was a great deal of less severe illness, mostly physical in its manifestations, which could be treated without recourse to the Asylum which was, or should be, the last resort for such cases. In their clinical work, the medical women at the Edinburgh Hospital for Women and Children addressed the same social pathology as that outlined and discussed by Clouston, although they aimed to serve a somewhat different social need: the need for a “haven of rest” for the working women of Edinburgh. The Hospital provided an environment of quietness, good feeding, rest and medical attention which working-class women were unable to create successfully in their own homes (an environment which had, in many cases, resulted in their illness in the first place), and one which they were keen to take advantage of. In catering for such a demand, the medical women were able to find a niche for themselves in Edinburgh, working within prevailing medical ideas and institutions; providing a form of medical care which was acknowledged and valued by medical men such as Clouston, but which did not encroach on male dominance of clinical medicine.

Despite this, no matter how successful the Edinburgh Hospital for Women appeared in terms of its popularity and growth and the demand for its

services,¹⁴³ its lack of flashy *éclat* - no elaborate surgery or pioneering techniques, for instance - left it on the margins of what was considered by the male standards of the profession to be medical success. Harrison's observations on the limited importance of women-run hospitals in this period reflect, in many respects, the same male perception of success - if it was not big and famous and thrustingly scientific, then it was not successful. Yet although its contribution to the physical and mental health of the women of Edinburgh was small, the Edinburgh Hospital was useful and important in a social as well as a medical capacity to those women who sought refuge there. Although marginal to the medical profession in Edinburgh, the Edinburgh Hospital for Women and Children provided a well-used resource for the working and working-class women in the community.

¹⁴³ The success of the Hospital resulted in its move to larger and better equipped premises in 1899.

Chapter 5

“Work of Such Public Benefit”: Infant Welfare Provision at the Hospice (Elsie Inglis Memorial Maternity Hospital), 1899-c.1930

Introduction

The following two chapters aim to look at the services which were provided by the Edinburgh Hospital For Women and Children, and its sister hospital, the Hospice (formerly the George Square Nursing Home for Women), from 1899, when the former transferred to Whitehouse Loan in Bruntsfield¹, to c.1930, six years after the latter moved to Abbeyhill and was renamed the Elsie Inglis Memorial Maternity Hospital.² The two hospitals, both of which continued to be run by women for women, amalgamated in 1910, with the Edinburgh Hospital specialising in gynaecology, and obstetric cases being treated at the Hospice. This chapter will concentrate on the infant and maternal welfare schemes which operated at the Hospice from 1905 (and under the auspices of the Public Health Department from 1913), whilst chapter six below will concentrate on the the Public Health Department's provision for the treatment of venereal diseases which began in 1919, and which operated from the Edinburgh Hospital for Women and Children from this date. Both of these specialities were to form large and important parts of

¹ From this date the Edinburgh Hospital for Women and Children became known informally as the Bruntsfield Hospital. Although it was referred to as the Bruntsfield Hospital in the Annual Repots, and also by the Town Council, to avoid confusion it will continue to be called by its official name of the Edinburgh Hospital for Women and Children for the remainder of this thesis.

² Very little information is available on the early years of the Hospice. For a note of its foundation and a biography of Elsie Inglis, see Frances Balfour, *Dr. Elsie Inglis*, (London: Hodder and Stoughton, 1918), esp. pp. 119-120. See also chapter 1 section 7 of this thesis.

the work carried out by the medical women's institutions in Edinburgh in the early twentieth-century.

It has been suggested elsewhere that women were pushed into aspects of medicine which were considered to be marginal to the main interests of the medical profession, and were thus lacking in prestige - maternal and infant welfare, for example.³ This chapter will suggest, however, in line with the arguments presented in earlier chapters of this thesis, that the role which women doctors were to play in medicine was not simply a response to their exclusion from other, more prestigious aspects of medicine by their male counter-parts. Although this was undoubtedly crucial in determining which aspects of medicine women could not enter at this time, there is also considerable evidence to suggest that women doctors chose for themselves the areas of medicine which they wanted to specialise in, showed great initiative in creating a demand for their services, and did much to make themselves invaluable in these chosen areas.

To begin with, the position of women in the medical profession in Edinburgh by the early twentieth century will be considered. The extent to which they were accepted by the male medical community in the city, and the impact of continuing separatism in education and training on their professional interests, will also be addressed. The work carried out at the Hospice will be looked at in detail, and the extent to which this was consistent with women doctors' definition of themselves as medical practitioners with a specifically gendered role to play in the health of the community will be explored. The question of morality, and the moral implications of the emphasis on hygiene, which has formed a central theme throughout this thesis, will also continue to

³ The history of the maternal and child welfare movement has been discussed by a number of eminent historians. Much of this scholarship focuses on the gendered nature of this aspect of health care provision, and the policy issues which surrounded it. See, for example, Deborah Dwork, *War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1889-1918*, (London and New York: Tavistock, 1987); idem, 'The Milk Option: An Aspect of the History of the Infant Welfare Movement in England, 1898-1908', *Medical History* 31 (1987): 51-69; Anna Davin, 'Imperialism and Motherhood', *History Workshop* 5 (1978): 9-65; Carol Dyhouse, 'Working Class Mothers and Infant Mortality in England, 1895-1914', *Journal of Social History* 12 (1978): 248-67; Jane Lewis, 'The Working Class Wife and Mother and State Intervention, 1870-1918', in Jane Lewis (ed.), *Labour and Love: Women's Experience of Home and Family, 1850-1940*, (Oxford: Basil Blackwell, 1986), pp. 99-120; idem, *The Politics of Motherhood, 1900-1939*, (London: Harvester Wheatsheaf, 1984).

be focused on. These questions and themes will also be considered with reference to the treatment of venereal diseases at the Edinburgh Hospital for Women and Children from 1919 in chapter six below.

1. Women Doctors in Edinburgh in the Early Twentieth Century

By 1900, although it had been over thirty years since the medical women had attempted to gain access to Edinburgh University, women were still not accepted with equanimity by the majority of the medical profession. Although both the Royal College of Surgeons of Edinburgh and the Royal College of Physicians of Edinburgh opened their licenses to women in 1885, it was not until 1894 that Edinburgh University Medical School agreed to admit women to its degree examinations.⁴ Even once this had been conceded, women were still unable to attend the medical courses offered by the University, but had to take their classes at the Extra-Mural Medical School. Even here, most of the women's classes were taught separately from the men's. Often there were so few women enrolled that certain subjects were only taught every alternate year.⁵ They were not permitted to attend classes in the Medical Faculty of the University until 1916, a triumph for the medical women which, as commentators rather ungraciously pointed out, was only arrived at due to the demands of wartime on the medical profession.⁶ Even at this late date many of the lectures at the university were held separately from the men's classes, and the "friends of the women students" had to hand over £4,000 to the university medical school "towards defraying whatever outlay the university might find it necessary to make to institute the change"; the "change" being mainly provision for separate classes.⁷

⁴ Margaret Todd, *The Life of Sophia Jex-Blake*, (London: MacMillan, 1918), p. 509.

⁵ Address to the Women's Medical Society by Mary MacNicol, *The Student*, (1935-36): 60.

⁶ Obituary of Sophia Jex-Blake, *Edinburgh Medical Journal* ns. 8 (1912): 101-102.

⁷ Catriona Blake, *The Charge of the Parasols*, (London: Women's Press, 1990), pp. 192-3 and p. 199. For details on the terms of the women's entry to the medical school at Edinburgh University in 1916 see *Edinburgh Medical Journal* ns. 17 (1916): 16-17. The

Both Isabel Hutton, who attended medical school in Edinburgh from 1905, and Gertrude Herzfeld, who graduated in 1914, admitted that throughout their education and training “there was ... a marked prejudice” against women doctors in Edinburgh.⁸ Only those medical women who were going abroad to act as missionaries (and therefore did not pose a professional threat) were spared the hostility of the male medical students. “We others”, Hutton remarked

seemed to be considered traditional enemies by the men and were the constant targets of their criticism and even hostility, though this was veiled, and did not take the anti-social form that it had done twenty years earlier ... We still studied under a good many disadvantages and observed that the women doctors had to put up with very cavalier treatment by their men colleagues, who criticised, patronised, or were even blatantly rude to them. If we were feminine in attire ... it was deemed that we could not be serious ... Plain, dowdy women students were ... preferred, for the men could then hoot with laughter and label them all as freaks, jokes or monsters.⁹

By way of comparison, the London School of Medicine for Women (LSMW) was established as, and remained throughout this period, an independent teaching institution. By 1900 most of the teaching posts there were held by women. In Edinburgh, however, Sophia Jex-Blake’s Medical School for Women closed in 1898 after only twelve years; whilst the Edinburgh Medical College for Women, founded by Elsie Inglis in 1888, merged with the men’s extra-mural school in 1909. The latter had been running separate classes for women since 1890. Few women held teaching posts at either of the women’s medical schools or at the extra-mural school. Thus, a women-only teaching institution for female medics never existed in Edinburgh for any length of time, and there were no career opportunities

best account of the education of women in Edinburgh in the Edwardian period is found in Isabel Hutton, *Memories of a Doctor in War and Peace*, (London, William Heinemann Ltd., 1960), pp. 13-107.

⁸ Gertrude Herzfeld, ‘Forty Years of Surgery: Some Random Recollections and Reflections’, *Journal of the Medical Women’s Federation* 44 (1957): 245-249, p. 245.
Hutton, op. cit. (n. 7), p. 35.

⁹ Ibid., pp. 39-40.

within medical education in the city,¹⁰ no entirely single-sex teaching and training, and no coherent separatist identity at the women's medical schools. In many respects, the LSMW provided a supportive institution for medical women, without the hostility, competition, or 'hoots of laughter' which the medical women of Edinburgh endured. Such an institution also provided role models and sponsors, as well as a feeling of 'safety in numbers' which was largely absent in Edinburgh.¹¹ The lack of a separate training institution in the city may have reduced the opportunities and perhaps the confidence of the Edinburgh medical women. As the evidence from Hutton and Herzfeld illustrates, the medical women remained outsiders to the profession in Edinburgh until well into the twentieth-century.¹²

Clinical training also re-inforced the separateness of the Edinburgh medical women as it continued to be held in separate clinics to the men. Although Herzfeld reported that this had the advantage of allowing the women students to work in smaller groups, thereby providing more opportunities for direct involvement in practical work, it still left women outside of the mainstream of teaching and training.¹³ Furthermore, women students in Edinburgh had to go to Glasgow to obtain experience in obstetrics as the cases at the Maternity Hospital were reserved for male students.¹⁴

As we have seen in Chapter 1 above, with regard to residencies after training, such positions were difficult to come by in the male-run infirmaries,

¹⁰ Indeed, Hutton remarks that although the physiology lecturer D. Noel Paton, "the living image of Jesus Christ", was always assisted by women demonstrators in his lectures, "as there was no future in physiology for them ... they were obliged, however brilliant, to give up their chosen speciality and seek some other type of medical work". Ibid., p. 29.

¹¹ Mary Ann Elston, *Women Doctors and the British Health Service: A Sociological Survey of their Careers and Opportunities*, (unpublished PhD thesis, University of Leeds, 1986), pp. 183-187.

¹² American scholarship suggests that the existence of separate teaching and training institutions may have served the career interests of women doctors in their early years in the profession, but as successive generations of medical women found it easier to integrate with the male medical profession, separatism lost its appeal, especially as women-only institutions increasingly failed to meet the high standards of teaching and expertise. See, for example, Virginia Drachman, 'Female Solidarity and Professional Success: The Dilemma of Women Doctors in Late Nineteenth-Century America', *Journal of Social History* 15 (1981-1982): 607-619; idem, 'The Limits of Progress: The Professional Lives of Women Doctors, 1881-1926', *Bull. Hist. Med.* 60 (1986): 58-72.

¹³ Herzfeld, op. cit. (n. 8), p. 245.

¹⁴ Hutton, op. cit. (n. 7), p. 58 and pp. 60-61.

and although a female House Physician was appointed to Leith Hospital in 1891, and a woman Registrar and Resident Physician were appointed at the Royal Hospital for Sick Children in 1897, this did not signify the opening up of the medical community of Edinburgh and the ready availability of opportunities for medical women in such posts.¹⁵ The hospitals founded and run by medical women themselves were the most important source of such vital training opportunities. Certainly, the Edinburgh Hospital for Women and Children as well as the Hospice were keen to emphasise this important aspect of their work in their Annual Reports. Indeed, as late in the century as 1922 it was still felt necessary to remark, with regard to the work of the house physicians, that “work of this kind is an essential part of professional training for women, as the tendency of the larger hospitals is to give preference to men”.¹⁶

Once education and training were completed, professional opportunities for medical women in the city also remained severely limited. In 1912 the *Edinburgh Medical Journal* was pleased to point out that the thirty five years which had passed since women had gained access to the medical profession had simply served to demonstrate that there was even less of a demand for the services of women doctors than had been supposed (and of course, this anonymous commentator rather smugly observed, it had always been suspected that the demand would be small).¹⁷ Although women doctors were a growing presence within the medical profession, therefore, it was clear that the battle for work and opportunities was to continue long after they gained the right to medical education.¹⁸

With regard to private practice, many medical women found that this was increasingly difficult to come by, and was also restricted in scope. Medical women would go into partnership with one another: Elsie Inglis ran

¹⁵ Dr. Alice McLaren was appointed House Physician at Leith Hospital in 1891. See Leith Hospital Annual Report 1891, p. 16; Jessie MacGregor was appointed Registrar and Jean Fraser Robertson Resident Physician at the Royal Hospital for Sick Children in 1897. Royal Hospital for Sick Children, Annual Report 1897, p. 1.

¹⁶ Edinburgh Hospital for Women and Children and the Hospice Annual Report 1922, p. 6.

¹⁷ *Edinburgh Medical Journal* ns, 8 (1912): 102.

¹⁸ By 1895 there were 200 on the medical register, though admittedly many of these women were working abroad. Blake, op. cit. (n. 7), p. 193.

her private practice with Jessie MacGregor until the latter's departure for America in 1906, for example, and Isabel Venters, who took over Jex-Blake's practice in 1899, worked in partnership with Alexandra Lothian.¹⁹ Opportunities for medical women in British hospitals also remained limited, and many went abroad to work as missionaries. Those who did not found that their training and career opportunities were largely confined to the small institutions which had been founded by medical women themselves.

1.1. Opportunities for Medical Women in Edinburgh: the Edinburgh Hospital for Women and Children and the Hospice

From its move to Bruntsfield Lodge in 1899, the Edinburgh Hospital for Women and Children (from this date also informally called the Bruntsfield Hospital) was able to offer more adequate training and employment to women doctors. The cramped cottage hospital on Grove Street had offered only eight beds in total for the practice of medicine, and the smallness of the premises had also limited the type of treatment which could be carried out there - any major surgery having to be performed at one of the larger hospitals in the city. After a number of expansions and an extensive re-building, by 1911 the hospital at Bruntsfield contained 29 beds and two children's cots, and boasted six attending medical officers (three surgeons and three physicians), two resident medical officers, a pathologist and three dispensary physicians. It had also amalgamated with the Hospice, which treated obstetrical cases and possessed, in turn, two attending medical officers (an obstetric surgeon and an obstetric physician) two residents and a dispensary physician.²⁰

This growth and re-orientation of the Edinburgh Hospital and the Hospice resulted in the medical women who worked and trained there having to re-evaluate the role which they would play in the work of these two institutions, as well as reconsidering the role which the Hospital in particular

¹⁹ Balfour, op. cit. (n.2), p. 111; Obituary of Isabel Venters, *The Scotsman*, 14th March, 1940.

²⁰ EHWC Annual Report 1911, p. 1.

was to play in the training and work of medical women. It had long been recognised that the Hospital was an invaluable resource for medical women, and its increase in size enabled it to broaden the scope of the services which it was able to offer to the women of Edinburgh. This also served to expand the variety of skills which medical women were able to specialise in, and the women doctors who worked there were keen to make the most of their limited opportunities. This change, however, was not without its difficulties.

1.2. Raising the Position of Women Practitioners in Edinburgh

Keenly aware of their lack of opportunities in the profession which they had struggled so hard to enter, by 1903 those women involved with the Edinburgh Hospital were determined to make the most of their new, larger institution to advance their professional position within the medical community. The question of which was the best way to accomplish this through the opportunities for work at the Hospital was heatedly debated. The main point of discussion was whether the doctors at the Hospital would subdivide obstetrics and gynaecology into more specialised areas of medicine and surgery, creating posts of gynaecological surgeon and gynaecological physician, obstetrical surgeon and obstetrical physician; or whether they would continue to practice more generally in both the medicine and surgery of gynaecology and obstetrics, as had been the case before the Hospital moved to its more extensive and better equipped premises. There was considerable disagreement within the Medical Committee of the Hospital over which of these two options would best suit the career interests of the medical women at the Hospital.

It was mooted by the longer serving members of staff that the two chief medical officers at the old Hospital should be recognised as the chief physician and surgeon of the new Hospital. There would also be an assistant surgeon and an assistant physician who would train in these specific areas. The aims of the new Hospital for the careers and training of women doctors,

as well as for continuing success of the Hospital, were set out in the minutes of the Medical Committee. The “resolution” which explained the “reasons for making the forgoing recommendations” are worth quoting at length. The debate which followed illustrated that although in disagreement, medical women were well aware of the need for some sort of strategy in their approach to training and practice if they were to be able to make the most of their marginal position within the medical profession.

1. that in the past, specialisation (as concentration of attention in certain departments) has been the method with which all the most important advances in knowledge and skill have been associated. Hence, that it is only by the adoption of this method that the women practitioners in Edinburgh can maintain and advance their professional position, and that of their Hospital. 2. That although the field for medical and surgical work in the Bruntsfield Hospital is, as yet, comparatively limited, all the more reason should the work of each department be concentrated. Improvement in the quality of the professional services rendered at the Hospital will naturally lead to a greater demand for those services. 3. That the method of subdivision of duties now suggested has already been tested and found in practice to work most satisfactorily. This is the method adapted at the New Hospital for Women at Euston Road, London, where the knowledge and skill of the women medical and surgical officers have done so much to raise the position of women practitioners in Great Britain.²¹

This point of view was subscribed to by Sophia Jex-Blake (who, despite her removal to Sussex in 1899, remained on the consultant staff of the Hospital), Isabelle Mears, Isabel Venters, Mrs. Chalmers-Watson and, from the male consultants, Charles W. Cathcart.

The decision to concentrate the skill of medical women in such specific areas, however, was not accepted by the whole of the medical staff. The motion to further sub-divide the work of the Hospital was opposed by Jessie MacGregor, the current Attending Physician of the Hospital, who had recently completed training in obstetrical surgery in London and Paris and

²¹ Executive Committee Minutes, vol. 3, 4th Nov. 1903, pp. 146-148.

was anxious that her new skills be taken advantage of,²² Drs. Emily Thomson and Marian Erskine and, from the male consultants, Alexander Bruce.

It is perhaps worth noting, that of those who supported further sub-division of specialisation, Jex-Blake was no longer in practice; Venters had inherited Jex-Blake's extensive practice when the latter departed from Edinburgh; Isabelle Mears had spent a large proportion of her time since graduation working in a church missionary society with her husband (also a doctor) in China, and now worked in a sanatorium rather than in private practice; and Mrs. Chalmers Watson also had other interests far removed from private practice.²³ It is possible to argue that this group of doctors had less experience of the hardships faced by new women doctors to build up a private practice of reasonable size. As Mary Ann Elston has observed, moreover, the first and second generation of medical women were generally women of independent means, who did not have to depend for their livelihood on private practice. This was notoriously the case for Jex-Blake, who was well known for helping out her fellow students financially when studying. It was also the case for Mrs. Mears and Mrs. Chalmers-Watson, both of whom were also married to successful medical men, and may not have been alive to the financial difficulties experienced by new medical women attempting to succeed in private practice in Edinburgh.

Opposition to the proposals for sub-division took the form of an extensive memorandum to the resolution quoted above. The main point of the anti-specialism faction was that having physicians and surgeons specialising in both obstetrics and gyneacology would result in a more general knowledge of those branches of medicine which dealt specifically with women; a knowledge which it was vitally important for all medical women to possess if they were to meet with any professional success at all. "Every woman physician in Edinburgh who is dependent on her practice for her income must devote herself to general medicine", they declared, "but in addition, must have an intimate knowledge of the diseases of her own sex". For this group of

²² Executive Committee Minutes, vol. 3, 1st June 1904, p. 188.

²³ Obituary of Isabel Venters, op. cit. (n. 19); Obituary of Mrs. Chalmers Watson, *The Scotsman*, 8th Aug. 1936.

doctors, lack of opportunities for medical women in Edinburgh was clearly an issue of pressing concern. There was no equivocation. “There is no demand in Edinburgh for women specialists in other departments of medicine or surgery”, they announced emphatically.

These departments are already more than amply provided for, and are likely to continue so, since there seems to be no cogent reason why any demand for women as specialists in these branches should ever arise. Even were such a demand to arise, the opportunity for specialisation must, at best, remain extremely limited, since a large and ever increasing number of able men are attracted to Edinburgh by the fame of the medical school, while the opportunity for practice has not been found to increase correspondingly. This fact must be borne in mind when comparisons are drawn between Edinburgh on the one hand and London, New York and other large cities on the other ... In Edinburgh it is only in gynaecology and obstetrics that women are required as specialists, and women doctors practising here are expected ... by those who consult them to have a thorough knowledge of these subjects. These two subjects, in short, in Edinburgh form the women’s speciality.²⁴

As this was the case, they went on, it was important that medical women got the training they needed in as many aspects of obstetrics and gynaecology as possible. Moreover,

what is true of the work of the individual woman physician is, in our opinion, also true of the women’s Hospital. Its medical officers must all have special training in and knowledge of the diseases of women since hardly a case comes into Hospital in which this special knowledge is not called for in some degree. It is not admissible, or even practicable, to further subdivide gynaecology and obstetrics into medical and surgical branches.²⁵

Clearly, this was a subject which both parties felt strongly about, and the matter remained unresolved until June 1904, when it was decided in an informal adjudication by Lord Pearson in favour of Dr. Venters and the pro-

²⁴ Executive Committee Minutes, vol. 3, 1st June 1904, pp. 149-150.

²⁵ Ibid., p. 151. The subject continues to be discussed for the next five pages.

specialism group.²⁶ However, this disagreement, especially the objections voiced so extensively by Dr. MacGregor (only a small part of which is quoted here), suggests that the limited nature of women's opportunities in medical practice in the early years of the twentieth century was a source of concern to some medical women. It also suggests a growing pragmatism amongst women doctors: if women were to succeed, it was clear that they had to make themselves specialists in matters pertaining to obstetrics and gynaecology, either by sub-dividing the subjects further to ensure excellence in the field, or by maintaining a more general approach, which would give them the knowledge to be able to deal with all aspects of women's diseases. Both sides of the argument seemed to accept the rather fatalistic assumption that women would never gain access to male specialities, but must make the most of the potential opportunities for practice amongst women and children. At no point, however, is it mentioned by either party whether the patients would benefit from this arrangement: the vocabulary of women's mission to women which had coloured so much of the earliest medical women's writing - or at least coloured their rhetoric - is absent. On applying for the post of House Physician at the Hospital in 1893, for example, Elizabeth Gilchrist noted that the three things which were most important to her as a women doctor were "our suffering sisters, the healing art and my duty to my superiors".²⁷ By the early twentieth century, this sort of language is conspicuously absent from the minutes of the medical women's discussions. The sole aim voiced by both groups of medical women in this dispute is to "maintain and advance their professional position" and to "raise the position of women practitioners in Britain". The issue under question concerns only what is the best strategy for the development and success of medical women. Attitudes were becoming pragmatic rather than idealistic as, increasingly, medicine was being entered

²⁶ Executive Committee Minutes, vol. 3, 1st June 1904, p. 188. Lord Pearson's comments make it clear that Jessie MacGregor was anxious to practice surgery, but the opportunity to do so was denied her by Isabel Venters holding the position of gynaecological surgeon. MacGregor leaves for America the following year. Ibid., 6th July 1905, p. 231.

²⁷ Letter from Elizabeth Gilchrist applying for the post of House Physician, Executive Committee Minutes, vol. 2, 26th June 1893, p. 185.

by women as a career, rather than as a mission to improve the health of their “sinning, but suffering sisters”.²⁸

Virginia Drachman has observed, with reference to the careers of women doctors in America in the later nineteenth century and the first half of the twentieth century, that despite the increase in the integration of women in the medical profession, women doctors “congregated ... in the low status areas of ‘female’ specialities and social medical services”.²⁹ The subject of the separatism of medical women has been the subject of some American scholarship, although it has received little academic interest at the hands of British historians.³⁰ However, we can suggest that, at least in the case of Edinburgh, in the early twentieth century medical women were well aware of the limited nature of their opportunities, and were concerned that a positive effort had to be made to advance themselves in the practice of medicine amongst their chosen constituency of women and children. There is no suggestion that they perceived work amongst women and children to be “low status”. The following section will argue that the medical women who worked at the Hospice, the sister institution to the Edinburgh Hospital for Women and Children, made every effort to advance themselves in medicine in Edinburgh through their work with women and children in the Old Town of the city. First however, a brief outline of the function and history of the Hospice, and its relationship to the Edinburgh Hospital will be given.

2. The George Square Nursing Home for Women and the Hospice, 1899 -1905

We have already outlined the foundation of the George Square Nursing Home for Women in Chapter 1 above. However, no records exist

²⁸ Sophia Jex-Blake, *Medical Women: A Thesis and a History*, 2nd Ed, (Edinburgh: Oliphant, Anderson and Ferrier, 1886), p. 44. The rhetoric of the early medical women was often expressed in a language laden with religious images. See Elston, op. cit. (n. 11), p. 175.

²⁹ Drachman, ‘The Limits of Progress’, op. cit. (n. 12), p. 71.

³⁰ See above, note 12. See also Elston, op. cit. (n. 11).

from this institution, so we are left with only second-hand accounts of its purpose and function. The Nursing Home was run by the Medical Women's Club of Edinburgh, also founded by Elsie Inglis, and run in association with the Edinburgh College of Medicine for Women. The purpose of the Nursing Home was to enable "any medical women practising in Edinburgh ... [to] send in cases ... all varieties of disease among women and children were treated, the patients being attended by their own doctors".³¹ The venture was a great success. By 1904 it had moved to new, slightly larger premises at 129 High Street in the Old Town of Edinburgh, and was re-named The Hospice. The Hospice was initially run along the same lines as the George Square Nursing Home. Furthermore, like the Edinburgh Hospital for Women and Children, it charged its patients 5 shillings a week for admission, and provided private rooms at £1,1s to £1,10s per week for patients who could afford to pay more than the basic fee. Those who could not afford to pay any fee were encouraged to contribute at least something.³²

Throughout the early twentieth century, the Annual Reports of the Medical Officer of Health (MOH) noted that there was a remarkably high birth-rate in the Old Town (compared to that of the less crowded and wealthier areas of Edinburgh), especially in the area which was served by the Hospice. For example, in 1914, 615 births occurred in St. Giles ward, where the Hospice was situated, and only 251 in Newington.³³ A "new departure", in the work of the Hospice, and one which was to prove to be much needed in

³¹ Marian Erskine, 'The Hospice', (1921), p. 2. Miscellaneous Papers from the Edinburgh Hospital for Women and Children and the Hospice. See also Balfour, *op. cit.* (n. 2), p. 119.

³² EHWC Annual Report 1915, p. 2. By this date the patients were still "expected to pay from five shillings weekly" although the cost of a private room had increased to one guinea a week. Maternity cases were still treated in their own homes, unless they were "abnormal". In 1908, "the subject of payment of fees to doctors by patients was discussed". From July of this year, the doctors who treated patients at the Hospital were able to receive fees. Executive Committee Minutes, vol. 3, 8th July 1908, p. 307.

³³ Medical Officer of Health (MOH) Annual Report 1914, p. vii. The poverty and overcrowding in the areas served by the Hospice is also highlighted by the Annual Reports of the MOH. For example, the number of "dwelling houses occupied under £5" in the Canongate was 598 (population: 5,305); in St. Giles 778 (population: 5,182) and in St. Leonards 689 (population: 5,581), compared to 96 in Newington (population: 4,284) and only 6 in Morningside (population: 5,554). Those "dwelling houses of £50 and upwards", however, numbered 10 in the Canongate, 69 in St. Giles, and 7 in St. Leonards, compared to 1,391 in Newington and 2,084 in Morningside. MOH Annual Report 1909, p. 2.

its catchment area, was “the attendance of women during confinement in their own homes by women doctors and by nurses undergoing training in maternity at the institution [i.e., the Hospice]”.³⁴ The Hospice is generally remembered for its maternity work, which made up the majority of the out-patient work carried out by its doctors. However, before the amalgamation with the Edinburgh Hospital for Women and Children in 1910, those women who were in-patients were mainly suffering from the same ailments as those who attended the Edinburgh Hospital.³⁵ As the Hospice contained only eight beds in this early period there was room for only abnormal pregnancies, and it was only after the amalgamation that it came to specialise in maternity cases alone.³⁶

The smallness of the institution, however, did not prevent the medical women from creating a vital service for the women of the High Street and the surrounding closes. The Hospice was situated in one of the poorest wards in Edinburgh, which, along with the Cowgate, Canongate and St. Leonard’s wards, returned the highest infant mortality rates in the city every year.³⁷ As the Annual Reports of the Hospice observed, most of the patients (apart from those in the private rooms), and all of the maternity cases treated, “have been drawn from the ranks of the very poor, and largely from those in the immediate district”.³⁸ Working amongst some of the worst environmental conditions which existed in Edinburgh, the medical women at the Hospice

³⁴ Marian Erskine, *op. cit.* (n. 31), p. 2.

³⁵ The first records which exist for the Hospice are the Case Book and the Dispensary Register, the former running from 1910 to 1911, the latter from 1910 to 1927. They are detailed and informal in style (“about a fortnight ago patient went out to post a letter one night ...” for example), and contain descriptions of general family health, as well as notes on “social conditions” (“in comfortable situation as housekeeper; gets plenty of food; sleeps w. open window, excessively fond of tea, non-alcoholic”, for example). The ailments are generally similar to those treated at the Edinburgh Hospital, such as “anaemia, weakness, dizziness, shortness of breath”. See Hospice Case Book 1910-1911 and Dispensary Register, 1910-1927, (no pagination).

³⁶ Edinburgh Hospital For Women and Children and the Hospice, Minutes of the Medical Committee, 1899-1911, no pagination, nd., c. 1904.

³⁷ In 1919, infant mortality rates for St. Giles, St. Leonards and Canongate were 150, 160 and 127 respectively per 1000 births. The rate for Newington was 72 and for Morningside, 82 per 1000. MOH Annual Report 1919, p. 17.

³⁸ Draft Annual Report of The Hospice 1904, p. 1.

quickly found for themselves an invaluable role to play in the health of the women and children of the local community.

3. The High Street, the Canongate and the Cowgate in the Early Twentieth Century

Living conditions in the courts, wynds and closes which ran between the High Street and the Cowgate were notoriously poor, and the opening of a women's hospital in the area provided a service which had previously not existed in this part of the city. As a student in the late 1900s, Isabel Hutton worked at the St. John's Street Dispensary in the Canongate. Along with the Dispensary of the nearby Cowgate Medical Mission, the work done by women medical students at this Dispensary was recognised by "the university authorities ... as part of the medical curriculum".³⁹ Hutton wrote her memoirs in the 1960s, and included a detailed account of conditions in this part of Edinburgh in the early twentieth century. Working under Dr. Alice Hutchison, who was also one of the attending medical officers at the Hospice from 1904 to 1907 and at the Edinburgh Hospital for Women and Children from 1907 to 1909, her observations are contemporaneous with the early years of the Hospice, which was situated in the same part of the city, but a little further up the Royal Mile.⁴⁰ For the historian, Hutton's remarks provide insight into the conditions of birth, life and death which the people of these districts endured, as well as observations on the health concerns of women patients in particular, and the role which women doctors could play in the slums of Edinburgh.

Hutton describes the towering labyrinthine tenements and courtyards which made up this district of Edinburgh as "wretched rotting property", their stairways and rooms filled with "sour and foetid odours ... a disgrace to the twentieth century".⁴¹ Sanitation remained poor, and the people lived

³⁹ Hutton, *op. cit.* (n. 7), p. 75.

⁴⁰ *Ibid.*

⁴¹ *Ibid.*, p. 76.

drab lives in ... comfortless homes and with scant security... Little was done to improve housing, and the overcrowding seemed to be accepted as something that could never be remedied. Mothers told me of their fears of incest among their children, some of whom were obliged to sleep in the same room as their elders and thus saw and heard much that should as yet have been unknown to them.⁴²

If the housing was bad, the lives of the wives and mothers who endured them were similarly appalling. Most of Hutton's work in obstetrics was carried out in Glasgow, and she gives a detailed description of conditions of childbirth in the early twentieth century in this city. However, although there were fewer "foul basements" and "damp [and] low-lying" areas in Edinburgh, conditions in the slums of the poorest parts of the Old Town - such as the High Street, Canongate and Cowgate, were often little better than those in Glasgow.⁴³ Giving birth was often done in the most terrible conditions:

[T]he home usually consisted of one room [she wrote], often without a water tap or sink. The double bed took up much of the space, except where it was placed in an alcove, a box-bed or bed-closet, in which case we had to get into the bed to deliver the infant. Few of the patients possessed sheets, blankets were scarce and the flock or feather filled mattress was thin; disturbance of the bed-clothes sent black fleas hopping and exposed lazily-crawling lice. There were few baby clothes ... and sometimes not a stitch of anything.⁴⁴

There was no privacy in such places, and children were often present at the birth of their new sibling. In such cases "that same night they had to share the bed with their mother and her new-born infant, there being nowhere else for them to sleep".⁴⁵

⁴² Ibid., p. 83.

⁴³ Ibid., p. 76.

⁴⁴ Ibid., pp. 61-62.

⁴⁵ Ibid., pp. 62-63.

Hutton implies that as a result of overcrowding, bad living and sanitary conditions and poverty, a great need existed in these women's lives for practical advice about personal and sex hygiene. Such a concern was regularly voiced by women themselves, and the female doctors were seized upon as sympathetic listeners to the marital problems of countless unfortunate overworked working-class women. The attitude of the medical profession at large at this time, however, was to meet any such inquiries with a "tradition of silence". Doctors, claimed Hutton, were told not to concern themselves with such matters, which were the patient's own affair.⁴⁶ The trainee women doctors, however, were especially appealed to as their female patients often hoped that they could be given "sound advice in their womanly problems". Most often desperate women, who already had too many children, asked how they could procure an abortion, but "nothing could be done for them, since operation to procure an abortion was illegal". Desperate to limit their families, such women would then ask how it was possible to prevent another pregnancy, but "the subject was at that time taboo" remarks Hutton, "and the very words contraception, birth control and family planning had not yet been voiced".⁴⁷

Clearly, the working class women who lived and died in the slums of Edinburgh were in need of advice and sympathy, two things which medical women had always claimed they were most suited to dispense.⁴⁸ In the second place, not surprisingly infant mortality was notoriously high in these areas, as the Annual Reports of the Medical Officer of Health had pointed out every year since the reports began. In 1908, for example, the highest figure of infant mortality in Edinburgh was found in the ward of St. Giles, which contained "the High Street ... and the closes contiguous thereto. The infant mortality here is at the rate of 232 per 1000 births", reported the Medical Officer of Health, "or rather more than double that of the city as a whole". The Report continued with its catalogue of doom for this unwholesome part

⁴⁶ Ibid., p. 81.

⁴⁷ Ibid., pp. 81-82. See above chapter 2 section 6.

⁴⁸ See chapter 2 sections 4 and 5.

of town: “If the Cowgate be taken separately it yields a death rate of 344, which is decidedly the worst met with”.⁴⁹

These concerns and conditions presented a ripe opportunity for the advancement of the careers and public worth of medical women. Giving birth and trying to bring up children in the environment mentioned above would surely be made easier, and have fewer fatalities, if carried out under the caring, watchful eye and sound advice of a group of medical women - practitioners who were naturally best suited to work amongst women and children. It was into this poor and overcrowded part of town, therefore, that the medical women brought their professional expertise, their sympathy, and their ambitions to raise the status and position of women practitioners in Edinburgh.

4. Infant Mortality

In addition to these local concerns, another issue, one of ‘national importance’, provided the medical women with further inspiration for defining their invaluable role in the health of the nation. The high rate of infant mortality and the poor health of the working class children which existed throughout the country was, from the turn of the century, an issue of great and growing concern. The subject had first been brought to the attention of the government, the medical profession, and the general public when the Imperial British troops suffered the ignominy of being soundly defeated by what they regarded as little more than a band of South African farmers in the early stages of the Boer War (1899-1902). British conscripts had proved to be in such disastrously poor health - flat feet, rickets, bad teeth, poor eyesight, respiratory problems, malnourishment and general puny-ness - that they had been all but useless to the country in their defence of the Empire. Incompetent leadership had also hinted at the declining intellectual ability of

⁴⁹ MOH Annual Report 1908, p. 19.

those who led the British army. The country teetered on the edge of Imperial decline, so the government feared, and the nation had to regain and maintain its physical strength, as well as its mental and moral superiority, if world domination was to be sustained. Infant mortality and morbidity were perceived to be at the root of this problem.⁵⁰ In turn, as the guardians of health, doctors were regarded as vital if this important national issue was ever to be tackled successfully.

In 1904, the Inter-departmental Committee on Physical Deterioration, which had been set up by the government after the Boer War to investigate the causes of poor health amongst the working classes, reported its findings. One of the main causes of infant mortality, announced the Committee, was infant diarrhoea. This was also understood to be the single most preventable cause of infant deaths. As cow's milk was the primary nutrient of infants, it was investigated as the most probable agent of infection. The milk supply to towns and cities was found to be putrescent and severely contaminated with bacteria, including tuberculosis. As it was then being given to babies and small children, it often resulted in death, as a result of infection or through the severe diarrhoea it caused.⁵¹ Clearly, therefore, the hygiene of the milk supply must be improved, but more importantly, a pure supply of sterilised milk must be provided for all infants and babies. A pure supply of milk and the correct administration of it was perceived to be all that was required to eliminate one of the most common causes of infant mortality. As this had been successfully carried out in France and in New York, so the argument ran, could it not also be carried out in the large towns of Britain?⁵²

Over the first decade of the new century, this growing concern with the health of the nation's babies served to validate infant and child welfare as a branch of preventive medicine. It also enlarged the role of the physician, who was increasingly relied upon to provide crucial advice on these matters.

⁵⁰ Deborah Dwork, 'The Milk Option', op. cit. (n. 3), pp. 31-53; Davin, op. cit. (n. 3); Caroline Rowan, 'Child Welfare and the Working Class Family', in Mary Langan and Bill Schwarz, *Crises in the British State, 1880-1930*, (London: Hutchison, 1985), pp. 226-139 and pp. 227-8.

⁵¹ See Dwork, 'The Milk Option', op. cit. (n. 3); also idem, *War is Good*, op. cit. (n. 3), especially chapters 2 and 3. See also MOH Annual Report 1908, p. 18.

⁵² Dwork, 'The Milk Option', op. cit. (n. 3), pp. 65-7.

Women doctors were able to secure a prime place in this movement, and it was undoubtedly in their professional interests to encourage it. The fact that the means by which the quality of infant life was to be improved was through an emphasis on the role and health of the mother also played into the hands of women doctors' ambitions, as they had long advocated the importance of such hygienic advice - such as how to keep one's house clean and feed and clothe one's baby properly - to working class women.⁵³

In Edinburgh, therefore, women doctors at The Hospice made sure that they were in the vanguard of the infant and maternal welfare movement in that city. In 1905, the year after the Committee on Physical Deterioration had pin-pointed infected milk as a major source of illness and death amongst infants, the Hospice committee was proud to announce the opening of a Milk Depot for the distribution of sterilised milk to the mothers of the High Street and Cowgate. It was, boasted the Hospice, "the only one of its kind in Edinburgh".⁵⁴ For the medical women, the opening of the Milk Depot was just the beginning of their involvement with this crucial aspect of preventive medicine.

5. Infant and Maternal Welfare at the Hospice

"Some members of the committee had long felt the need in Edinburgh for a centre from which mothers who were unable to nurse their infants could obtain a supply of suitably prepared and reliable milk", declared the second Annual Report of the Hospice in 1905. The Report went on to pin-point the "enormous Infantile Death Rate" which was currently "attracting attention" throughout the country as the main reason why it had been felt necessary to open such a depot that year. "[T]here is no doubt that the Death Rate is due in a large measure to the unsuitable nourishment given to infants in the first year of life", it continued, echoing the concern voiced by the Committee on

⁵³ See chapter 2 section 6.

⁵⁴ EHWC Annual Report 1910, p. 2 .

Physical Deterioration which had published its report in the previous year. Many women were too poor to be able to buy safe milk for their babies, even if it was readily available (which it was not), and it was such women whose infants were dying as a result. It was up to the Hospice, therefore, situated as it was “in a poor and crowded district of the city”, to “undertake the work of distribution”.⁵⁵

Initially the work was undertaken in connection with a similar scheme which had already been started up by the Leith Public Health Department, and the milk had to be brought up from Leith every day.⁵⁶ Although inconvenient,⁵⁷ the distribution of milk to needy mothers was soon developed into a form of welfare service. A health visitor was appointed to assist with the distribution of the milk in 1906.⁵⁸ Also in 1906, the Deaconess Institute, which trained nurses and ran a hospital for those women who lived in the Pleasance (another slum area of Edinburgh, adjacent to the Royal Mile, with a similarly high mortality rate) was invited to help with distribution of milk at mothers’ meetings. The distributed milk was to be accompanied by “instruction in hygiene and infant feeding”.⁵⁹

By 1907 the scheme for providing milk to needy mothers was expanded further. To the medical women, it had soon become “very evident that the mere supply of milk without systematic visitation of the children would do little good” in the battle to reduce infant mortality. Mothers did not appear to know the correct way to administer the milk, or to feed their babies in general. Advice and instruction was imperative if the supply of milk was to have the life saving benefits it was supposed to. To remedy this apparent

⁵⁵ The Hospice Annual Report 1905, pp. 1-2.

⁵⁶ Edinburgh Hospital for Women and Children, and the Hospice, Medical Committee Minutes, 1899-1911, May 1905, (no pagination).

⁵⁷ The milk was made more expensive because it had to be transported from Leith, and the Annual Reports were always anxious for more money to support the scheme. In late 1906 the resident medical officer reported having made up a substantial deficit in the milk money out of her own pocket. This deficit was the result of some patients not paying up, and also because too little had been charged. Efforts were made to overcome such difficulties. See the Medical Committee Minutes 1899-1911, 27th November, 1906 (no pagination). The milk was priced at between 1s 6d and 2s, “depending on the age of the child”. Hospice Annual Report 1905, p. 2.

⁵⁸ Medical Committee Minutes 1899-1911, 3rd April, 1906 (no pagination)

⁵⁹ The Deaconesses did not comply with the requests of the Hospice on this occasion. Medical Committee Minutes, 1899-1911, 12th June, 1906 (no pagination).

deficiency, “the Hospice organised a body of voluntary visitors” who went into the working class women’s homes and “supervised” the consumption of the milk.⁶⁰ By 1907 “three lady visitors were ... working in connection with the Milk Depot”.⁶¹ This was expanded to six in 1908.⁶²

By 1908, a number of acts of Parliament had insisted on the involvement of local authorities in schemes for the advancement of infant and maternal welfare. In 1902, for example, midwives were required to have special training (the Hospice qualified as a centre for the training of Midwives in 1905⁶³); in 1906 local authorities were empowered to provide meals for needy children, and in 1907 were obliged to organise medical inspections - though not treatment - in schools. In this year, the Notification of Births Act also came into force, which made it mandatory for all births in Scotland to be registered within 21 days (42 days in England and Wales).⁶⁴

In this year the Town Council of Edinburgh also somewhat reluctantly began to take action with regard to infant welfare. Its main contribution was to begin the systematic use of an army of health visitors to monitor and inspect the new babies of Edinburgh.⁶⁵ This was also the first year in which the issue of infant welfare was addressed in the Annual Reports of the MOH, other than by simply printing gloomy lists of mortality statistics. The Hospice pointed out, however, that “the ladies visiting in connection with the Milk Depot” at their own establishment on the High Street were, by this date, already “undertaking the visiting of the maternity babies beginning with those born in April 1908”. Thus, they went on, the Council were simply following the strategy of health visiting which had already been implemented at the Hospice a few months earlier. All babies were also being weighed regularly

⁶⁰ Hospice Annual Report 1907, p. 1.

⁶¹ Medical Committee Minutes, 1899-1911, 26th November, 1907 (no pagination).

⁶² Edinburgh Town Council Minutes, Remits, 1905-1909, 11th February, 1908.

⁶³ ‘The Hospice’, nd. Miscellaneous Papers from the Edinburgh Hospital for Women and Children and the Hospice.

⁶⁴ Davin, op. cit. (n.3), p. 11.

⁶⁵ MOH Annual Report 1909, p. ix. For a discussion of the development of health visiting as a profession for women in the early twentieth century, see Celia Davies, ‘The Health Visitor as Mother’s Friend: A Woman’s Place in Public Health, 1900-1914’, *Social History of Medicine* 1 (1988): 39-60.

by the Health Visitors at the Hospice⁶⁶ - a plan which was “identical to that now adopted by the Town Council in conjunction with the Charity Organisation Society”.⁶⁷

With the gradual involvement of the Town Council in schemes for child and maternal welfare, the Hospice was vindicated in its early advocacy of the importance of milk distribution and health visiting. The medical women and the Hospice Committee were somewhat smugly able to indicate that they had been engaged in such life saving work for a number of years before the Council became involved. “Now that the Public Health Department of Edinburgh has taken up the question of Infant Mortality, this part of the work [the distribution of milk] promises to be even more useful in the future than it has been in the past” it was announced in the Annual Report of 1908.⁶⁸ The Hospice was also quick to point out that it was the medical women who had begun the work of health visiting which the Town Council was now joining in with, and they welcomed “most heartily this great development of the work which they first set on foot amongst their own patients”.⁶⁹ However, the Council resisted the petitions of the Hospice for funds to assist them in their work. Despite the Hospice staff pointing out the importance of supplying the milk at cheaper rates to enable more women to buy it, and the need for a subsidy from the council if this work was to remain effective, no financial aid was forthcoming. “This is done in France and New York”, urged the committee of the Hospice, “with great benefit to the poorer section of the people”. Furthermore, they persisted, the milk depot was also being used by patients referred from the Sick Children’s Hospital “and other neighbouring dispensaries”. “Work of such public benefit”, argued the staff and committee of the Hospice, urgently demanded the attention and help of

⁶⁶ Medical Committee Minutes, 1899-1911, 29th April, 1908 (no pagination).

⁶⁷ Hospice Annual Report 1908, p. 1. See also MOH Annual Report 1908, p. 20; MOH Annual Report 1909, p. ix; MOH Annual Report 1910, pp. vi-vii. The 300 ladies who kept the infants of Edinburgh “under constant supervision” were a vast organisation compared to the more modest efforts of the Hospice.

⁶⁸ Hospice Annual Report 1908, p.1. This was rather optimistic. The Council had no intention of becoming involved in the Hospice Milk Depot, for although they acknowledged the work which was being carried out by the Medical Women, they felt that the need for milk was so great, and “infant mortality ... so excessive”, in the poor areas which the Hospice served as to be, “at times, insurmountable”. See MOH Annual Report 1911, p. ix.

⁶⁹ Hospice Annual Report 1908, p. 1.

the local authority. The Council remained unmoved.⁷⁰ Health visitors alone constituted the mainstay of infant welfare provision in the City until 1916, and the Hospice continued its own efforts unaided until this date.⁷¹

New schemes for the betterment of the health of mothers and babies continued to be hatched at the Hospice despite the relative indifference of the Town Council.⁷² Infant clinics were established for the weighing of babies and the dissemination of advice on feeding and general hygiene.⁷³ By 1912 there were three such infant clinics weekly at the Hospice, which had had “their usefulness proved by the large increase of infants treated over the two previous quarters”.⁷⁴ A “baby dispensary” was put into operation, where “troubled and anxious mothers” were able to “get advice” which was provided by a nurse and “a band of voluntary workers”. This somewhat intimidating crowd would teach “the mother ... the proper food, clothing and management of her baby”. The baby was weighed, and if it was considered to be “sickly” it was “shown to the doctor”. “This is a great boon to the mother”, declared Lady Walker, secretary of the Executive Committee, “and saves many a young life from illness and death”.⁷⁵ In co-operation with these weekly clinics there began the “scheme for the feeding of expectant and nursing mothers in poor circumstances to avoid the disastrous effects of insufficient nutrition on the infants”.⁷⁶ By 1915, “2000 dinners were given at the Hospice to expectant and nursing mothers ... 17 babies under one year, suffering from malnutrition, were taken in for feeding treatment ... 110

⁷⁰ Letter from the Hospice to the Town Clerk, 11th February, 1908. Edinburgh Town Council Minutes, Remits, 1905-1909.

⁷¹ MOH Annual Report 1916, pp. 4-5.

⁷² In this period the Council remained happy with the efforts of its health visitors. It resisted assisting the efforts if the voluntary philanthropic efforts in Edinburgh until 1916, when it set in motion a comprehensive scheme of maternal and Infant welfare. MOH Annual Report 1916, p. 5.

⁷³ ‘The Elsie Inglis Memorial in Scotland’, 1918, Miscellaneous Papers from the Edinburgh Hospital for Women and Children and the Hospice.

⁷⁴ Executive Committee Minutes, vol. 4, 20th November, 1912, p. 118.

⁷⁵ By 1921 such clinics were also held in the Dispensary for the Edinburgh Hospital in Torphichen Street, and were run in connection with the Town Council, who by this time was contributing up to £250 per year for the infant welfare schemes run at and by the Hospice. Lady Walker, ‘The Dispensary, 21 Torphichen Street’, (1921), 1-2. Miscellaneous Papers from the Edinburgh Hospital for Women and Children and the Hospice.

⁷⁶ Executive Committee Minutes, vol. 4, 1st April 1914, p. 172.

Hospice Babies were followed up by visits and returned for weighing and advice". This "special war work" was announced to be "of the highest urgency".⁷⁷ This was because in addition to continuing high infant mortality and the decline in the birth rate (which had also been of concern since the census of 1901⁷⁸), the demands of modern warfare required "cannon fodder in even vaster quantities".⁷⁹

Despite these numerous efforts to improve the health of the infants in the poorest part of Edinburgh, the work of the Hospice up to this date continued to go largely unrecognised by the Town Council.⁸⁰ It was not until July 1916, perhaps when the huge losses sustained by the British Army in the first years of the war had made the preservation of infant life seem all the more pressing, that the Council invited representatives of the Hospice to the Council Chambers to discuss their work. This was "the first time the Dispensary work of the Hospice had been recognised in this way", enthused the Executive Committee in their minutes on receiving this exciting invitation.⁸¹ With the war creating a new and greater emphasis on the importance of the preservation of infant life, "the Hospice led the way in spreading such consultations over the city", and at the same time began to develop "following-up in connection with all the Hospice mothers and babies". Indeed, declared the Annual Reports of the Hospice, by 1916 "the urgency of more work of this kind [had become] ... apparent to all". As the work was recognised as being of national importance, and similar schemes to those in existence at the Hospice were being implemented all over the country,

⁷⁷ EHWC Annual Report 1915, p. 4.

⁷⁸ Royal Edinburgh Maternity and Simpson Memorial Hospital (Simpson) Annual Report 1916, p. 11.

⁷⁹ Davin, op. cit. (n. 3), p. 43. See also Dr. Haig Ferguson, 'Some Aspects of Medical Women's Work', *The Gambolier*, 23rd February 1916, and 15th March 1916, pp. 76-78 and pp. 88-90, p. 88. Consultations for mothers and babies were first held at the Royal Edinburgh Maternity and Simpson Memorial Hospital in 1916. Prior to this, the 'Simpson' had distributed cards with advice on to its female patients. Simpson Annual Report 1916, p. 11.

⁸⁰ The Hospice's application for a grant to assist in the expense of running its maternal and infant welfare schemes was turned down in 1903, and again in 1911. Medical Committee Minutes, 11th July, 1911 (no pagination).

⁸¹ Executive Committee Minutes, vol. 4, 5th July 1916, p. 212.

the medical women of Edinburgh insisted that they were now offering a service which was “more important than ever” to the health of the nation.⁸²

On 21st January, 1916 Dr. Haig Ferguson, professor of obstetrics and gynaecology at Edinburgh University, delivered an address to the Edinburgh Women’s Medical Society.⁸³ Although praising the achievements of the medical women in general, he went on to suggest that a particular branch of medicine, which was vital to the overall health of the nation as well as to its continuation as a world power and civilisation, was especially suited to medical women. “I feel strongly that one of the most important *métiers*”, he announced, “in which they could be of supreme use to the community and to the nation is the special help they could give in the campaign directed against infantile mortality”.⁸⁴ This form of health care, and the advice which was an integral part of it, he went on, could be dispensed most profitably by medical women. He advocated the importance to infant health of breast feeding over bottle feeding, for example - after all, as everyone knew, “[a] woman is only half a mother to have merely borne a child” - and he listed a whole range of other possible ways in which medical women could assist in the battle against infant mortality, from the local supervision of midwives, to “the systematic visitation of infants and ... children”.⁸⁵ Although recognising that “social conditions ... are chiefly to blame for this evil”, he went on to declare that there was nothing the state could do to remedy such problems. Rather, infants could “only be saved by the mother” who could, in turn, be “taught by the state” - a task which would be admirably suited to medical women, especially as they had already done so much in that particular arena, (and so long as they did not fall by the way side with fatigue, as it was clear that, despite their great value, even by 1918 women doctors could not “adequately meet the claims of work ... as men can”).⁸⁶

⁸² ‘The Elsie Inglis Memorial in Scotland’, 1918, Miscellaneous Papers from the Edinburgh Hospital for Women and Children and the Hospice. See also MOH Annual Report 1916, pp. 4-5.

⁸³ For a full transcription of this address see Haig Ferguson, ‘Some Aspects of Medical Women’s Work’, *op. cit.* (n. 79).

⁸⁴ *Ibid.*, p. 77.

⁸⁵ *Ibid.*, p. 77 and p. 79.

⁸⁶ *Ibid.*, p. 89.

In many respects, Haig Ferguson's comments are typical of orthodox medical opinion in the Edwardian period.⁸⁷ Arguing that infant mortality was best remedied by educating the mothers with regard to infant feeding and domestic hygiene was not a new idea. Advocating the crucial role which medical women could play in the education of mothers and related aspects of preventive medicine, however, was more of a novelty. What is particularly interesting, however, is the response of the medical women to Haig Ferguson's pronouncements. The minute from the Edinburgh Women's Medical Society which recorded their observations after his speech is quoted in full below. It is perhaps the most eloquent statement of optimism at the opportunities in medicine which seemed to be opening up for the Edinburgh medical women through their involvement with maternal and child welfare. If Haig Ferguson appears largely to be simply echoing the rhetoric of the medical women themselves (as well as that of medical orthodoxy), which had been both explicit and implicit in the Annual Reports and minutes from the Hospice since 1905, it is worth noting that this is the first time that a medical man had addressed the Edinburgh medical women on the matter, and addressed them in public. Although with hindsight it is easy to interpret Haig Ferguson's remarks as being restrictive to women doctors in their professional choices, it must also be remembered that he was adding the weight of his authority to the branch of preventive medicine which the medical women of the Hospice had been working at, and seeking recognition for, since 1905. Furthermore, it was not until early 1918 that the Town Council was to make its infant and maternal welfare provisions both extensive and comprehensive, and was to actively enlist the assistance of the medical women in their task.⁸⁸ At the time of this address, therefore, the medical women were still labouring very much under their own initiative. Such enthusiasm for their efforts from one of the most prestigious local luminaries in the field of obstetrics and gynaecology must have been very welcome indeed. It is also interesting to note that the minutes were recorded by Dr.

⁸⁷ Davin, *op. cit.* (n. 3).

⁸⁸ Executive Committee Minutes, vol. 4, 9th Jan. 1918, p. 238.

Joan K Rose, obstetric physician at the Hospice. The excitement is almost palpable:

We had visions of the great possibilities ahead of women doctors [recorded the medical women]: as health visitors, as teachers of young mothers, as lecturers at baby clinics. We saw them settling such problems as the Domestic Training of Girls at School, the feeding of poor mothers without thereby pauperising them, the establishment and right use of maternity hospitals whenever required, the rearing of a race of supermen, and finally, we saw them admitted by a grateful country to the sacred precincts of a future ministry of health.⁸⁹

From early 1918, when the Town Council became more fully involved in the maintenance of infant welfare clinics, the Hospice was a leading light in the schemes which spread across the city. By 1919, although the maternity and child welfare effort was “still in its infancy in the city”,⁹⁰ the Public Health Committee Minutes drew up a list of the different institutions which received grants for their infant and maternal welfare schemes. At the top of the list were the Edinburgh Hospital for Women and Children and The Hospice, which received a grant of £250 per year between them (this was ahead of the Simpson Maternity Hospital, which received £200).⁹¹ Four infant clinics and three ante-natal clinics were in operation in four locations about the city, with the Hospice itself running the largest clinic, whilst administering the others as out-posts of maternity work in different areas of the city.⁹²

To list the developments in child welfare in Edinburgh which occurred under the auspices of the Public Health Department of the Town Council from that time on would be a rather tedious undertaking. Extensive details and statistics can be found in the Annual Reports of the Medical Officer of Health, especially that for 1919. Feeding of mother and infants, and monitoring the

⁸⁹ Minutes of the Edinburgh Women’s Medical Society, 1913-1952, Jan. 22, 1916 (no pagination).

⁹⁰ MOH Annual Report 1919, p. 18.

⁹¹ Edinburgh Town Council Public Health Committee Minutes, 1917-19, 13th May, 1919, p. 236.

⁹² MOH Annual Report 1919, pp. 22-23.

health of babies at the clinics and through the intrusion of “home visits” or “following up”, was continued at the clinics. The Council paid the wages of matrons and health visitors and footed the bill for setting up the clinics. However, the main aim of all maternal and infant welfare provision in the city was “to educate the mothers in the simple rules of infant hygiene”. “Mothers are encouraged to attend the clinics for their educative value, and not primarily for the benefits of milk or dinners which it may be found necessary to supply”, stated the MOH Annual Report in 1919.⁹³ The notion that the best means of tackling the health of infants lay in the education of the mothers with regard to “proper food, clothing and management of her baby” was also the central philosophy behind the work carried out by the Hospice and the baby clinics and infant welfare centres which it ran, by the early 1920s, in co-operation with the city authorities.⁹⁴

6. Medical Women, the Morality of Infant Welfare and the ‘Extended Medical Gaze’ of the Twentieth Century

As we have seen in chapter 1 of this thesis, the arguments put forward in favour of women’s entry to the medical profession were couched in terms of how women could bring their innate moral qualities to bear on the medical profession. Chapter 2 has argued, amongst other things, that women claimed to be eminently suited for the dispensing of advice on hygiene to those whose lives were based in the family - namely women and children. Both of these aspects of women’s entry to the medical profession were still clearly

⁹³ Ibid., pp. 21-22.

⁹⁴ Lady Walker, “The Dispensary” (1921), p. 3. Miscellaneous Papers from the Edinburgh Hospital for Women and Children and the Hospice. The Dispensary, which had been run by the Edinburgh Hospital in Grove Street (and later at Torphichen Street) was also given over to infant welfare clinics on Mondays, Tuesdays, Thursdays and Fridays. Annual Report 1924, inside cover. In 1907 the “infant mortality sub-committee” of the Edinburgh Hospital had considered the idea of using the Dispensary to distribute milk to the women of the Grove Street area of town, but had never put the plan into action. The minutes suggest that this was due to the reluctance of the Town Council to assist the effort with funds. Edinburgh Hospital Executive Committee Minutes, vol. 3, 10th April 1907, p. 279.

influential in determining the particular aspects of medicine which women doctors pursued in Edinburgh in the early twentieth-century.

The theme of morality, and the means through which it was incorporated into the medical women's practice in the late nineteenth century has also been discussed throughout this thesis. Morality is here understood to be concerned with all aspects of life with regard to what are perceived to be correct standards, practises and codes of behaviour. These correct standards and practices were middle class norms. The way in which mothers looked after their children and ran their homes, therefore, were quite clearly issues of morality. By the early twentieth century concerns such as these had increasingly become the focus of national interest. During the Edwardian period they had gradually been encroached upon by the state, as well as by private philanthropy, and had, most significantly, come within the remit of medical authority. Medical authority, in turn, upheld and re-inforced middle-class norms. By the early twentieth century, a number of strategies had been developed by the medical profession, in conjunction with the state, which increased the influence of both over the lives and behaviour of ordinary people. The maternity out-patient work at the Hospice, whereby medical women entered working women's houses to help them during childbirth and offered them advice on infant feeding and nutrition; the Milk Depot (where the milk was only given if the baby was brought along, weighed, and seen to be healthy); health visitors, and doctors who entered working class homes in order to monitor and offer instruction on the feeding and general management of newly born infants ("follow-ups"); post- and ante-natal classes, as well as preventive medicine classes which the Hospice ran, can all be cited as examples of the scrutiny and correction of working women's activities and behaviour by the medical profession and the state. Working class women's child-care was monitored, criticised and corrected, both outside and inside the home. Those women who did not breast feed, for example, were branded as irresponsible, as this was decreed by the medical profession as being the safest and most "natural" way to feed one's child.⁹⁵ To deviate from this middle-class definition of correct motherhood was to be branded a bad

⁹⁵ MOH Annual Report 1920, p. 22.

mother. Middle class values and practices were pressed onto working class women, whilst at the same time the private world of the home was invaded by the public world of the state and its medical officials.

The emergence of infant and maternal welfare provision at the Hospice (and as we shall see in the following chapter, the treatment of venereal diseases at the Edinburgh Hospital for Women and Children) conforms to Armstrong's analysis of what he calls "the extended [medical] gaze of the twentieth century:⁹⁶ the increase in medical surveillance of people's behaviour which occurred from the late nineteenth century onwards.⁹⁷ The Dispensary (in this case, the Hospice) was no longer simply a place where people came for treatment, he argues, but "radiated out into the community. Illness was sought, identified and monitored by various techniques and agents in the community; the dispensary building was merely the co-ordinating centre".⁹⁸

As a corollary to Armstrong's thesis, there is a substantial body of literature which has addressed the question of the growing efforts by the state, and by the voluntary sector, to monitor, control and repress working class mothers. Most commentators on the infant welfare movement of the early twentieth century are at pains to point out that "although poverty was recognised as a cause of infant mortality, maternal education was pursued as the means through which this problem would be solved ... emphasis was always on education of mothers, rather than on improved sanitation".⁹⁹ Anna Davin, Carol Dyhouse and Jane Lewis have all persuasively argued that the "cult of motherhood" which emerged in the early twentieth century blamed incompetent mothers for the high rate of infant mortality. It was aimed at the social control and repression of women, through an emphasis on a notion of their traditional duties which had its origins in the nineteenth century.¹⁰⁰ All

⁹⁶ David Armstrong, *Political Anatomy of the Body: Medical Knowledge in Britain in the Twentieth Century*, (Cambridge: Cambridge University Press, 1983), p. 18.

⁹⁷ This notion has already been discussed in chapter three of this thesis with regard to the morality of the Edinburgh Hospital and Dispensary for Women and Children from 1885 to 1900 and its emphasis on the importance of the principles of hygiene as a means of treating illness.

⁹⁸ Armstrong, *op. cit.*, (n. 96), p. 8.

⁹⁹ Dwork, *War is Good*, *op. cit.* (n. 3), p. 164.

¹⁰⁰ Davin, *op. cit.* (n. 3); Dyhouse, *op. cit.* (n. 3); Lewis, *op. cit.* (n. 3). See also Rowan, *op. cit.* (n. 50). Dwork attempts to revise the conclusions of these scholars by suggesting that government officials must, surely, have been more concerned with saving

three scholars point to the medical profession as being one of the key players in the struggle to keep women in the home looking after their children.

One of the main features of infant welfare was the employment of vast numbers of health visitors who entered working class women's homes to point out domestic errors and to advise on what was considered to be the best way to run their homes and feed their families.¹⁰¹ As middle-class women who were working within the medical profession, health visitors were crucial to the surveillance and control of working class women. Rather like the much maligned health visitor, female doctors were middle class women seeking to find a place for themselves in a male professional world. Although they were singled out as being the most suitable ambassadors for the dissemination of hygienic knowledge, this was also a role which they had themselves long advocated as being their natural province. Following the arguments of Davin, Dyhouse and Lewis, being middle class women, as well as doctors, inevitably the medical women could be interpreted as being the embodiment of the worst aspects of that "medico-moral" authority which sought to control and dictate the lives and practices of working class women.¹⁰² However, some points have to be born in mind before this damning conclusion can be fully endorsed.

The medical women of Edinburgh recognised that the social conditions and poverty of the families in the High Street and the surrounding area were very poor, and that such things as new and better living conditions, food, clothing and suitable milk were vital to the health of expectant and

babies than with controlling women, and that the importance of poverty was recognised by such officials. See Dwork, *War is Good*, op. cit. (n. 2), pp. 228-229.

¹⁰¹ Celia Davies has provided the most extensive examination of the rise of the health visitor. She emphasises the struggle which took place in the early years of the twentieth-century between middle class women and public health officials to define the contribution which women might appropriately make to public health. In this period, as in the previous century, women were told that they had "special qualities" which they should use in the public sphere for the benefit of society. These arguments, suggests Davies, pursued women into all aspects of their public and professional involvement with health care. As a result, the work of health visitors was based on male expectations of middle class womanly behaviour. Davies, op. cit. (n. 65). See also Dwork, *War is Good*, op. cit. (n. 3), pp. 128-133 for a discussion of the connection of the health visitors with the milk depots.

¹⁰² Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England Since 1830*, (London and New York: Routledge and Kegan Paul, 1983), p. 8.

nursing mothers and their babies.¹⁰³ In a Hospital with eight beds and a staff of only 4 doctors, however, there was little the medical women could do to help the impoverished, undernourished and overworked working class women of Edinburgh, other than to offer them food, pasteurised milk, and advice on infant and domestic hygiene, and to assist them during pregnancy and child-birth. Indeed, it is worth remembering that the medical women were convinced enough of the importance of their efforts (and the success of them), that they paid for the milk depot out of their own pockets when it was running at a “substantial deficit”.¹⁰⁴

In the second place, before the active involvement of the Town Council in schemes for infant welfare during and after the first world war, apart from the work of the Hospice, little else was being done in Edinburgh to reduce infant mortality. The early success of the Hospice’s Milk Depot indicate that working class women of the High Street and the surrounding areas wanted clean milk and medical advice. Although they had to pay for medical attention at the Hospice (and also for out-patient care during parturition and confinement), and for the milk they received, those who could afford it chose to go to the Hospice to receive these things. By so doing they gave the work of the Hospice their vote of approval. Free treatment and attendance during pregnancy was available at the other institution in the city which dealt exclusively with maternity cases: the Edinburgh Royal Maternity and Simpson Memorial Hospital (the Simpson). According to the Annual Reports, the Minutes of the Executive Committee and Medical Committee, however, poor working women were keen to pay for the extra services offered by the Hospice, rather than attend the Simpson.¹⁰⁵

With its large Ladies Committee complete with moralising Bible Woman, the attitude of the Simpson to the infant mortality rate in this period

¹⁰³ Executive Committee Minutes, vol. 4, 1st April, 1914, p. 172.

¹⁰⁴ Medical Committee Minutes, 1899-1911, 27th Nov. 1906 (no pagination).

¹⁰⁵ Giving advice, rather than money or health care, encouraged women to be self-supporting. The aim of such schemes, as indicated in the MOH’s Annual Reports, was to promote a greater sense of moral responsibility on the part of the mother. In this respect, argues Lewis, the “early infant welfare service reflected the close connection that existed between social and moral reform in Edwardian England”. See Lewis, *Politics of Motherhood*, op. cit. (n. 3), p. 18.

is an interesting contrast to that of the Hospice.¹⁰⁶ Davin has argued that middle class doctors and health visitors colluded in blaming incompetent working class women for infant mortality. Certainly, the Annual Reports at the Simpson employ a language of unrestrained blame and condemnation when referring to the “wastage of infant life”, which is interpreted as occurring “through the ignorance of the mothers”.¹⁰⁷ The means by which the Ladies Committee sought to remedy this “ignorance” and lack of “moral character” - thereby “saving healthy children for the state”¹⁰⁸ - show no awareness of economic or environmental reasons for the untimely death of infants: “Cards have been printed containing directions for mothers in the management and feeding of their infants”, the Ladies Committee announced, brusque and officious and certain of their own moral rightness. “Ignorance on these subjects is the main cause of the deplorable wastage of infant life. The printed directions are to be given to every mother on her leaving the Hospital, and also to the outdoor patients”.¹⁰⁹

Although both the Simpson and the Hospice were to become “absolutely essential ... in regard to child welfare”¹¹⁰ in Edinburgh, their general attitudes to the problem of infant mortality, at least before the involvement of the Council resulted in a more uniform outlook, were very different. Although lectures on hygiene were given to mothers at the Hospice, for example, and although it was argued that mothers needed to be taught how to feed and manage their babies, mothers who attended this institution were never described as “ignorant” in the Annual Reports, or in the minutes of either the Executive, or the Medical Committee; nor were they pointed to as the “cause of the deplorable wastage of infant life”. Such a vocabulary of overt moral condemnation and blame is conspicuously absent from the work of the Hospice, and from the rhetoric of the Annual Reports.

¹⁰⁶ See chapter 1, section 4 for a discussion of the Ladies Committee at the Simpson, and how this contrasted to the Committee of the Edinburgh Hospital for Women and Children.

¹⁰⁷ Simpson Annual Report 1905, p. 6.

¹⁰⁸ Simpson Annual Report 1909, p. 8.

¹⁰⁹ Simpson Annual Report 1906, p. 7.

¹¹⁰ Simpson Annual Report 1919, p. 8. By this date the “external assistant physician” at the Simpson, was Dr. Muriel Gavin, who was “representing the Associated Dispensaries and the Hospice”. *Ibid.*, p. 7.

Furthermore, the medical women of Edinburgh had been working amongst the lower middle and working class women of the city since 1878, and as we have already seen in chapters 3 and 4, they were, in general, sympathetic to the hard lives of working women and their social and environmental conditions. In describing the role which the Dispensary served for the women of Edinburgh, for example, the medical women perceived the lives of their working class patients to be subject to economic vagaries and over-work. Although they could not remedy the environmental causes of women's illness, they could at least offer medical assistance once they were ill:

Bad times, unemployment, low wages have brought large gatherings to the dispensaries - especially those for women, [wrote Alexandra Lothian, attending physician at the Dispensary.] There are women just now all over Edinburgh who cannot afford to be ill. The rent, the food, everything is arranged for - then, perhaps, underfed, overworked, the housewife feels unwell. She hopes it will pass. She will not call in the doctor [because it is too expensive] ... it is then that the Dispensary is a life buoy.¹¹¹

There is no doubt that in the early years of the Edwardian period there was an intimacy between the doctors and patients at the Edinburgh Hospital, and at the Hospice, which it is a mistake to overlook.¹¹²

Finally, Jane Lewis points out that for mothers advice was the mainstay of infant and maternal welfare, with medical care being limited to better medical attention during parturition. "More medical attention during the birth was of little use to a mother whose main problem was repeated pregnancies, exhaustion and overwork", she observes, whilst advice was of little use if women then lacked the means to put it into action.¹¹³ However, as chapters 3 and 4 have demonstrated (as has the above quotation from

¹¹¹ Alexandra Lothian, 'Dispensary for Women and Children, 21 Torphichen Street', (nd., c. 1920) Miscellaneous Papers from the Edinburgh Hospital for Women and Children and The Hospice.

¹¹² See, for example, Todd, op. cit. (n. 4), pp. 455-458, 478-479, 483-485, 486-487; Balfour, op. cit. (n. 2), pp. 120-130; Hutton, op. cit. (n. 7), pp. 80-86.

¹¹³ Lewis, *Politics of Motherhood*, op. cit. (n. 3), p. 14.

Alexandra Lothian), the medical women were well aware of the problem of repeated pregnancies, exhaustion and overwork amongst working class women. As Hutton reveals, they were also aware that women were desperate for information on birth control.¹¹⁴ Yet although they were alive to these problems, birth control was not widely accepted at this time, and certainly not by the medical profession at large. As newcomers to the profession, and still struggling for recognition and equality, even in this period medical women were reluctant to become involved in aspects of medicine, such as the birth control movement, which were at all controversial. Hutton also observes that her book *The Hygiene of Marriage*,¹¹⁵ in which such subjects are openly discussed, was “the first book of its kind to be written by a doctor”, and that even at this time (1923) many thought that her career would suffer through being associated with such radical notions.¹¹⁶

Conclusions

After over twenty years within the medical profession, by the early twentieth century the medical women in Edinburgh were well aware that their professional situation was still vulnerable; and that if they were to be successful in medicine in the city they had to find a niche for themselves in either obstetrics or gynaecology. By this period, their desire for professional success was of paramount importance, and a spirit of pragmatism was becoming increasingly apparent in their attitude towards medicine and the women's hospital. Although certainly sympathetic to the causes of working women's illnesses, and the poor social and environmental conditions in which they lived, the nineteenth-century notion of women's mission to women had become far less of a guiding philosophy than it had been thirty years earlier. Anxious to find a serious role for themselves within

¹¹⁴ Hutton, op. cit. (n. 7), p. 80-83.

¹¹⁵ Isabel Hutton, *The Hygiene of Marriage*, (London: William Heinemann, 1923). The tenth and final edition was published as late as 1964.

¹¹⁶ Hutton, op. cit. (n 7), pp. 82-83.

the medical profession, the “cult of motherhood” which emerged in the early twentieth-century provided the medical women with an ideal opportunity. The Hospice, which had an extensive maternity out-patient service at work in the closes and wynds of Edinburgh’s Old Town, was the first Hospital in the city to perceive, and to act upon, the need of poor and working mothers for clean fresh milk and medical and nutritional advice. The success of this venture led to the Hospice becoming recognised as the cornerstone of Infant and Maternal welfare schemes which were begun in the City of Edinburgh in 1913.

As members of the middle class, the medical women were unlikely to fully appreciate the needs and circumstances of their working class counterparts. As doctors they were inevitably also a part of the medico-moral co-alition which monitored and corrected working-class behaviour, including their methods of child-care. Yet to lump them together with a medical profession determined to blame and repress mothers, despite the evidence that poverty and environment were decisive factors in the incidence of infant mortality, misses many of the nuances of the medical women’s involvement with the maternal and infant welfare schemes in the early twentieth century. Certainly, the medical women were agents of the “medico-moral surveillance” which characterised early twentieth century public health, as they were involved in the dispensing of ‘advice’ and ‘instruction’ to mothers, both inside and outside their homes. But they did it with as degree of sensitivity to the circumstances and conditions in which working class women lived and sought to bring up their children.

Chapter 6

The Edinburgh Hospital for Women and Children and the Treatment of Venereal Diseases, c.1919-c.1930

Introduction

In addition to their involvement with the infant welfare movement in Edinburgh in the early twentieth century, the medical women in the city also found for themselves an important role in the campaign to halt the spread of venereal diseases which was implemented by the state during and after the first world war. The subject of provision for the treatment of venereal diseases in the inter-war period is generally addressed by historians in terms of the dynamics of health policy making following the Report of the Royal Commission on Venereal Diseases in 1916.¹ It has also been analysed in

¹ Bland argues that there was an “absence of a cohesive and unified strategy” in the efforts of the government to control the spread of venereal diseases. However, although the strategies adopted to combat venereal diseases after 1917 lacked a coercive element they were, none the less, a co-ordinated attempt to bring the problem under control through the use of free treatment at readily available clinics and the use of propaganda. See Lucy Bland, “‘Cleansing the Portals of Life’: the Venereal Disease Campaign in the Early Twentieth Century”, in Mary Langan and Bill Schwarz (eds.), *Crises in the British State, 1880-1930*, (London: Hutchison, 1985), pp. 192-208. The way in which the medical profession, in association with both the state and the voluntary efforts of such organisations as the National Council for Combating Venereal Diseases (NCCVD), approached the issue of the spread of VD has been looked at from a number of perspectives. David Evans has looked at the establishment of the government’s VD treatment centres after 1918, and has concluded that it was these, rather than the efforts to educate the public orchestrated by the NCCVD in conjunction with the Local Government Board which formed the most important aspect of government policy with regard to VD in this period; see David Evans, ‘Tackling the “Hideous Scourge”: The Creation of the Venereal Treatment Centres in Early Twentieth-Century Britain’, *Social History of Medicine* 5 (1992): 413-433. Bridget A Towers considers the development of public health education policy with regard to VD from 1916 to 1926. She looks at the activities and philosophy of the NCCVD, and of its rival organisation, the Society for the Prevention of Venereal Diseases (SPVD), and considers

terms of the oppressive surveillance, control and regulation of the working class population and their 'dangerous' sexual practices by the voluntary bodies, state authorities and middle class experts whose views such policy making represented.² However, the role of a specific institution in the anti-VD campaigns and the professional interests of those of its doctors who were involved in the treatment of these diseases, or in the dissemination of VD propaganda, has not been examined by historians.

As we have already seen, the medical women were keen to carve out a niche for themselves in the medical community of Edinburgh - a task which they acknowledged to be a difficult one given that the city was already home to a vast number of doctors and medical charities. However, the efforts of the Town Council to tackle the problem of VD depended for their successful implementation on the support of the medical women at the Edinburgh Hospital for Women and Children. The sensitivity of the issues involved (social stigma if one was known to have the disease, for example) and the

what impact they had on policy, and why. The NCCVD favoured education as the best policy, whilst the SPVD urged the use of prophylactics. The latter opinion was always less influential than the former, as it was regarded as condoning vice and immorality. See Bridget A. Towers, 'Health Education Policy, 1916-1926: Venereal Disease and the Prophylaxis Dilemma', *Medical History* 24 (1980): 70-87; E. Beardsley blames the NCCVD, and its concern with moral education rather than with prophylaxis and the establishment of clinics, for the weak state policy with regard to VD, especially as compared to policy in the United States: see E. Beardsley, 'Allied Against Sin: American and British responses to Venereal Diseases in World War I', *Medical History* 20 (1976): 189-202. Roger Davidson has examined the interplay of pressure groups and interested parties in the Scottish bid for the establishment of compulsory VD controls in the 1920s. Roger Davidson, '"A Scourge to be Firmly Gripped": The Campaign for VD Controls in Interwar Scotland', *Social History of Medicine* 6 (1993): 213-236.

² See, for example, Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England Since 1830*, (London and New York: Routledge and Kegan Paul, 1987), especially part 4, pp. 153-209; idem., 'Purity, Feminism and the State: Sexuality and Moral Politics, 1880-1914', in Mary Langan and Bill Schwarz, op. cit. (n. 1), pp. 209-225. Roger Davidson has looked at the moral agenda of interwar VD work in Scotland, focusing on the work of the NCCVD, see Roger Davidson, 'Venereal Disease, Sexual Morality and Public Health in Interwar Scotland', *Journal of the History of Sexuality* 5 (1994): 267-294, especially pp. 287-290; Lucy Bland has also discussed the NCCVD as the Edwardian manifestation of the purity movement of the nineteenth century, which by the 1920s had lost many of its feminist credentials. Bland argues that the VD panic brought together a co-alition of interests opposed to extra-marital sex. See Bland, op. cit. (n. 1) and idem., '"Guardians of the Race" or "Vampires upon the Nation's Health"? Female Sexuality and its Regulation in Early Twentieth-Century Britain', in Elizabeth Whitelegg et al, *The Changing Experience of Women*, (Oxford: Open University Press, 1982), pp. 372-388; Lucy Bland and Frank Mort, 'Look Out for the "Good Time" Girl: Dangerous Sexualities as a Threat to National Health', in *Formations of Nation and People*, (London: RKP, 1984), pp. 131-151.

moral questions which it raised (such as those concerning correct and incorrect social and sexual practices), as well as the intrusive nature of the treatment itself, made the involvement of the medical women a matter of some urgency of the scheme was to be a success. Venereal disease treatment and propaganda in the inter-war period emerged as an area of expertise in which the medical women of Edinburgh were able to find an important role for themselves, both in the practice of medicine and in the dissemination of moral advice.

In 1919 the Edinburgh Hospital was singled out by the Town Council to be one of the centres in the city for the treatment of women who suffered from VD. The attitude of the medical women was, at first, one of ambivalence towards this state-prescribed role. However, by the mid 1920s the Hospital was treating 146 patients a year for VD as in-patients, in addition to 336 at special VD out-patient clinics which were run at the Hospital, and at the Dispensary on Torphichen Street.³ By 1924 the Hospital also employed an Almoner to seek out those who defaulted on their treatment, and to offer advice on sexual hygiene in the home.⁴ In addition to this, a number of the medical women were also involved in the propaganda campaigns which were implemented in 1919 to inform the public about the horrors of venereal disease and sexual immorality.

Why, and how, did the medical women become involved in the VD campaigns of the 1920s? Focusing on the treatment of VD at the Edinburgh Hospital, and on the involvement of certain key women in the dissemination of propaganda for the National Council for Combating Venereal Diseases (NCCVD) in the city, this final chapter will consider the role of the Edinburgh medical women in this aspect of medical provision and propaganda in the inter-war years. It will be suggested that their involvement with the treatment of venereal diseases was linked, not only to the Hospital's need to survive economically and to consolidate its still tenuous position in the male medical profession in Edinburgh, but also to the moral role which women doctors had

³ EHWC Annual Report 1925, p. 8.

⁴ EHWC Annual Report 1924, p. 7.

repeatedly claimed for themselves since their battle to enter the medical profession fifty years previously.

1. The Quality of the Race

Behind the frenzy of alarm which swept through the country as the incidence of venereal diseases increased from the outset of the first world war lay the alarmist rhetoric of national efficiency and racial purity which characterised the Eugenics movement. The theory of Eugenics had emerged in the 1880s, when the Eugenics Society had been established by Frances Galton (the cousin of Charles Darwin). The Eugenics Society was founded in response to the debates which arose as a result of the publication of Darwin's *Origin of the Species* (1859) and the possibilities which the theory of evolution raised with regard to determining the quality of future generations. Darwinian theories of evolution had led to the exploration of questions concerning the transmission of characteristics of appearance, habit and personality from one generation to the next. Bad and socially unacceptable characteristics, such as insanity, idiocy and criminality, it was argued, were on the increase and this had grave implications for the quality of the British race and nation. The characteristics which were considered to be particularly troublesome also included behavioural traits with clear moral overtones, such as alcoholism and sexual promiscuity, and even poverty and uncleanness. It was also observed that these defects were encountered mainly amongst the poorer sections of society. The poor were poor, ran the eugenist arguments, because they were genetically predisposed to be so due to inherited characteristics such as slovenliness, sloth, intemperance and sexual immorality. Society could, therefore, be divided into the "fit" and the "unfit". The "fit" were rich and middle class whilst the "unfit" included practically everybody else, but especially the "residuum" of unemployed and unemployable inebriates, criminals and imbeciles. Eugenists were appalled at the prospect of the continued progeneration of this menacing underclass of

degenerates as their ceaseless and unchecked multiplication threatened to swamp civilisation in crime and vice, mediocrity and incompetence, thereby resulting in national and imperial decline. The “fit” were to be encouraged to “breed”, therefore, whilst the “unfit” were to be encouraged, or forced, to exercise some restraint in their sexual appetites.⁵ The possibility that “agencies” which influenced the quality of the race could be brought under “social control” led eugenisists to suggest that certain characteristics and forms of behaviour which were considered to be sapping the mental, physical and moral strength of the nation could be weeded out (or at least reduced in their incidence) if sexual urges were reined in, and if consideration of the health of the family and of the nation were put before personal gratification. Such a possibility had great appeal to a nation obsessed with the apparent inevitability of its own moral and political decline; and the eugenists’ linking of their social theories to biological science provided a respectable and authoritative scientific veneer to the Society’s discussions. Throughout the first third of the twentieth-century such ideas became common currency, as the question of how to restore Britain to international pre-eminence continued to preoccupy the nation. The issues raised by eugenists were widely discussed and debated. Although there is some debate amongst historians as to the extent to which the eugenics movement influenced policy,⁶ it did obtain a high profile

⁵ For a discussion of the details and impact of Eugenics on politics and society in this period, see Greta Jones, *Social Darwinism and English Social Thought: The Interaction Between Biological and Social Theory*, (Brighton: Harvester Press, 1980). For Edinburgh’s concern with the growing numbers of poor people in its slum areas, see MOH Annual Report 1914, p. vii. In this year, 608 births were recorded in the slum area of St. Giles ward, whilst only 272 were born in the genteel suburb of Morningside. “The meaning of this is clear” announced the MOH, “natural increases ... are taking place in the poorer districts, and that at an altogether disproportionate degree”.

⁶ See Jones, *op. cit.* (n, 5). Anna Davin and Jane Lewis also argue that Eugenics had a significant impact on policy in this period. See Anna Davin, ‘Imperialism and Motherhood’, *History Workshop* 5 (1978): 9-65; Jane Lewis, ‘The Working-Class Wife and Mother and State Intervention, 1870-1918’, in Jane Lewis (ed.), *Labour and Love: Women’s Experiences of Home and Family, 1850-1940*, (Oxford: Basil Blackwell, 1986): pp. 99-120. However, Dorothy Porter has suggested that although eugenic arguments undoubtedly contributed to the debates on motherhood and its importance in the 1910s, they were not especially marked or decisive. As the emphasis was on the education of mothers, she suggests, this is closer to notions of personal responsibility rather than eugenics. Dorothy Porter, ‘Enemies of the Race: Biologism, Environmentalism and Public Health in Edwardian England’, *Victorian Studies* 22 (1991): 159-178.

in political, social and medical discourses - all of which became increasingly entwined in this period.⁷

The disaster of the first world war did nothing to re-assure politicians, social theorists or the general public on this matter. Indeed, although eugenic notions about the importance of a fit stock for the continuance of the glory of the nation had influenced attitudes towards maternal and infant welfare in the early 1900s, these ideas were to gain even wider appeal after 1918. By this date, once again the spectre of the moral and physical decay of the British “race” was looming. This time the bringer of the nation’s ultimate doom was to be the unchecked spread of venereal diseases which it was feared would follow the demobilising of the troops after the first world war.⁸ The incidence of VD was perceived to be an indicator of the nation’s sexual immorality, and its rapid increase during and immediately after the first world war was readily interpreted as an insidious threat to the health of the family and thus to the stability of the Empire. With the birth-rate continuing to fall, and infant mortality remaining high (in addition to the number of men who had been killed at the front), the sterility and infant mortality which venereal diseases were widely blamed for appeared to add yet further momentum to the nation’s inexorable slide towards “race suicide”. “If we accept the general definition of Eugenics as a ‘study of the agencies under social control which may improve or impair racial qualities of future generations either physically or mentally’”, declared the Eugenics Education Society, “then venereal diseases leap at once into a position of the highest importance”.⁹ The attitude of the government, the medical profession, and of purity campaigners and morality groups (such as the National Council for Public Morals) towards venereal diseases in this period owed much to the social and biological

⁷ Dwork explains that the mutual interests of the government and the eugenicists arose “from a common fear that, due to physical and moral ill-health, racial inferiority, inadequacy and deficiency, Britain would fail in the struggle for national existence”. Deborah Dwork, ‘The Milk Option: An Aspect of the History of the Infant Welfare Movement in England, 1898-1908’, *Medical History* 31 (1987): 51-69, p. 53. See also idem, *War is Good For Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1899-1918*, (London and New York, 1987), pp. 8-19.

⁸ Jane Lewis, *The Politics of Motherhood, 1900-1939*, (London: Harvester Wheatsheaf, 1980), p. 16.

⁹ Anon. ‘Eugenics and Venereal Disease’, *Eugenics Review* 5 (1913-14): 264-270, p. 265.

theories of the Eugenics movement. This is apparent in the measures which were taken in response to the suggestions for dealing with the problem which were set out in 1916 by the Report of the Royal Commission on Venereal Diseases, and especially in the propaganda campaigns which accompanied the establishment of state-sponsored treatment centres from 1919.

2. The Report of the Royal Commission on Venereal Diseases, 1916.

The Royal Commission on Venereal Diseases released its report in 1916. The Commission had been set up because soldiers returning home on leave from the war were understood to be infecting their unsuspecting wives and children and the spread of VD throughout the country was regarded as both imminent and catastrophic. “All experience shows ... that after a war an excessive incidence of disease is certain to occur, even in districts previously free”, the Report announced, as a result of which “the civil as well as the military population require protection” from these diseases.¹⁰ The Commission suggested guidelines for the eradication of venereal diseases, the threat of which was expected to become increasingly widespread once troops were demobilised. These guidelines specified a combination of treatment centres for the cure (it was hoped) of venereal diseases through the attentions of specially trained physicians; and advised the dissemination of advice about “social hygiene” and morality as a complementary measure to change attitudes and discourage practices which were believed to increase the spread of the diseases. The working class were to be the sole objects of this campaign.

The first of the Commission’s proposals seemed to be feasible mainly due to the fact that in the first decade of the twentieth century, a series of discoveries in German laboratories had revolutionised the diagnosis and treatment of syphilis. In 1905 Schaudinn and Hoffmann had identified the

¹⁰ ‘Report of the Royal Commission on Venereal Diseases’, *Edinburgh Medical Journal* ns. 16 (1916): 322-328, p. 322.

causative agent of the disease: the *Spirochaeta pallida*. In the following year, August Wassermann had published his account of the successful development of a blood test which would reveal the presence of the syphilis micro-organism. Prior to this test, the presence of the disease, especially in its earlier stages, was only possible to detect through the examination of lesions on the patient, and mis-diagnosis was easy and common. In addition to the development of accurate diagnosis, in 1909 Paul Ehrlich had developed Salvarsan, an arsenic compound which was administered to the patient through a course of injections and which comprised the first effective treatment for syphilis. Despite the general success of Ehrlich's compound, some patients suffered from its high toxicity and, as a rather gruesome side-effect of the treatment, a number of deaths were recorded. By 1912, however, a less toxic version, called Neosalvarsan or "914", had been developed and this was widely accepted by physicians as a viable therapy by the outset of the war.¹¹ As a direct consequence of these discoveries, venereal diseases were brought more and more under the medical "gaze". With developments in chemical therapeutics enhancing the efficacy of the treatment which the medical profession was able to offer syphilitic patients, the prospect of successful, systematic treatment of the infected at hospitals and clinics seemed to be a valid proposition. If this treatment was offered at no cost to the patient, it was argued, then there would also be no reason why the infected working classes would not be able to take advantage of it. The Royal Commission suggested, therefore, that measures should be implemented throughout the country which, although free from compulsion, should "include extended facilities for bacteriological diagnosis, combined with the provision of adequate and skilled free treatment, the cost of which should fall mainly upon the National Exchequer".¹²

The Commission proposed that schemes should be set up whereby VD would be treated discreetly at special centres at the voluntary hospitals, without cost to the patient (being funded 75 percent by central government and 25 per cent by local rates), and with "the best modern treatment of

¹¹ Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880*, (New York and Oxford: Oxford University Press, 1985), pp. 49-50.

¹² 'Report of the Royal Commission on Venereal Diseases', op. cit. (n. 10), pp. 322-323.

venereal diseases [being made] readily available to the whole community". Out-patient clinics should also be established "at hours convenient to the working classes", and "cards of instruction and warning" should be handed out to all patients.¹³ If the treatment centres were to be effective, however, then the numerous "quack" cures for venereal diseases had to be stamped out, leaving orthodox medicine as the only available treatment. "Quack" remedies, their use and advertisement, were thus to be banned, with only properly qualified doctors allowed to treat patients suffering from any venereal diseases. Clearly, the Commission was attempting to ensure that surveillance by the medical profession was to be the only avenue through which treatment for VD could be obtained. "Quack" cures were resorted to mainly due to the social stigma attached to having a sexually transmitted disease, and in recognition of this the Commission emphasised the need to be as discreet as possible in the location and advertisement of the clinics.

In addition to this, despite the potential efficiency of these proposals, the Commission was also aware that many of the taboos which surrounded VD had to be broken down if people were to use the newly established clinics, or if they were to become sufficiently informed about their own bodily health to know when they had an infection which needed expert treatment. The Commission proposed, therefore, that the community at large should be educated about the perils of venereal diseases, both through instruction "in regard to moral conduct as bearing upon sexual relations through all types and grades of education", as well as through lectures on the subject of venereal diseases "in evening continuation schools and in factories and workshops". "For this purpose, the aid of properly constituted voluntary associations should be enlisted".¹⁴ One "association" in particular was singled out for this important educative task: the National Council for Combating Venereal Diseases (NCCVD). This Council, the Commission recommended, should be "recognised by the Government as an authoritative body for the purpose of spreading knowledge and giving advice in regard to the question of venereal diseases in its varied aspects".¹⁵

¹³ Ibid., pp. 323-324.

¹⁴ Ibid., pp. 326-327.

¹⁵ Ibid., pp. 327-328.

Although not all of the recommendations set down by the Royal Commission were taken up by the Government, those aspects of the Report outlined above were put into action. By 1918, with demobilised troops returning from the war, the need for a comprehensive scheme of free treatment was imperative. As the “innocent victims” of this wave of male-borne venereal diseases, married women and children were seen to be especially in need of medical care which operated with discretion and minimised the risk of stigma, whilst at the same time, due to the intrusive nature of the treatment, preserved women’s modesty. The Edinburgh Hospital, with its all female staff, was singled out by the Town Council in Edinburgh as the ideal institution for the treatment of VD amongst married women and children in the city. Initially, however, despite the enthusiasm of the Town Council, the medical women were not particularly keen to be roped into the scheme.

3. Medical Women and Treatment of Venereal Diseases at the Edinburgh Hospital for Women and Children, 1919-c.1930

As we have seen in section 2 of chapter 5 above, ideally the medical women wished to become experts in the field of medical and surgical obstetrics and gynaecology, as they perceived opportunities in other fields of medicine to be limited, or non-existent, in Edinburgh. After its amalgamation with the Hospice in 1910, the Edinburgh Hospital for Women and Children had elected to specialise in gynaecological work, whilst all obstetrical cases were treated at the Hospice. As we have also seen, by the inter-war period the doctors working at the Hospice had created for themselves a vital role in maternity out-patient work in the Old Town, as well as in the maternal and infant welfare schemes in the city. At the Edinburgh Hospital, however, the ambitions of the medical women were not proceeding with the same degree of success. From 1900 to 1918, the Edinburgh Hospital was described by one of its own doctors as a “not very active hospital”, with little to distinguish its

work in this period from that which it had done between 1885 to 1899.¹⁶ From its move to larger premises in 1900, with more space and better facilities (which took a number of years to acquire) its surgeons were able to undertake operations which they had not had the resources to perform at the premises on Grove Street. The Annual Reports, however, suggest that those women who attended the Hospital were primarily suffering from the same ailments and nervous disorders which had made up the bulk of the cases at Grove Street.¹⁷ Although the Hospice was flourishing, the Edinburgh Hospital, despite the desires and pretensions of its physicians and surgeons, had failed to distinguish itself in any way in the field of gynaecological medicine and surgery, and by 1919 had largely sunk into obscurity.

By 1916 the Hospital was also suffering severe financial difficulties. “Mrs. Johnston [secretary of the Executive Committee] reported that the financial condition of the Hospital was serious”, it was announced in the Executive Committee Minutes. Since the move to new premises, “the expenses of running the Hospital had practically doubled. Subscriptions had not fallen off, but had not increased”.¹⁸ At the same committee meeting where these financial problems were raised, the possibility of the Hospital providing private treatment for women and children suffering from VD was also discussed. “Mrs. Johnston spoke of the great good the Hospital might do if it undertook the diagnosis (Wassermann) and treatment (arsenical) of syphilitic patients”,¹⁹ noted the Committee Minutes. The Medical Committee, however, was reluctant to devote much of the Hospital’s time and precious resources to VD work. At this point, therefore, the treatment of those patients who were suffering from syphilis was added to the existing duties of

¹⁶ Gertrude Herzfeld, ‘Forty Years of Surgery, Some Random Recollections and Reflections’, *Journal of the Medical Women’s Federation* 39 (1957): 245-249, p. 247.

¹⁷ The Annual Reports from 1900 report a large number of “diseases of the nervous system” (such as debility, neurasthenia, melancholia, and hysteria) and “diseases of the blood”, such as chlorosis and anaemia. See EHWC Annual Reports 1900-1907. The patients’ records are missing from 1901 onwards, so it is impossible to analyse the cases and their treatment from this date.

¹⁸ Medical Committee Minutes 1912-1919, 22nd June, 1916 (no pagination).

¹⁹ Medical Committee Minutes 1912-1919, 22nd June, 1916.

Dr. Herzfeld, the gynaecologist at the Hospital, rather than developed as a distinct specialism.²⁰

Over the following two years the Edinburgh Hospital continued to slip further into debt. By 1918, its financial state was once again remarked upon. In June of that year Miss Stodart, one of the ladies of the committee, had “kindly offered a loan rather than allow the Hospital to make an overdraft” - an action which had, for the time being “averted insolvency”, although it was observed that the Hospital was, by this point, in financial difficulties which “had reached a crisis”.²¹ It was in this year that the Town Council approached the Committee with its suggestion that the Hospital join the VD scheme and allocate a number of its beds for the treatment of women and children who were “innocently infected” with venereal diseases. The Council proposed that a VD treatment centre be established at the Hospital which would be financed by and run under the auspices of the Town Council, who were seeking to establish centres within the city where both men and women could be treated. With one eye on the prospect of local government funds and the lifeline which this would provide for the struggling hospital, the idea was greeted enthusiastically by the Executive Committee. The Medical Committee, however, remained luke-warm in their approval.²² They were concerned that the scheme would mean a reduction in the amount of gynaecological work which could reasonably be undertaken, and at the same time would threaten to turn the Hospital into an annex of the Public Health Department. It was noted in the minutes of the Medical Committee that “[t]he medical staff contemplate with reluctance” the reduction in the amount of surgical and medical work which this specialisation in the Hospital’s services would necessitate. Despite the reservations of the Medical Committee, however, the Executive Committee pushed through the negotiations with the Town Council.²³

²⁰ Medical Committee Minutes 1912-1919, 5th Oct. 1916. See also Executive Committee Minutes vol. 4, 8th Nov. 1916, p. 214.

²¹ Executive Committee Minutes vol. 4, 11th June, 1918, pp. 247-249.

²² Medical Committee Minutes 1912-1919, 4th October, 1918; Executive Committee Minutes vol. 4, 11th June, 1918, pp. 247-249.

²³ Mrs Johnston, secretary of the Hospital throughout the 1920s, was concerned that the Edinburgh Hospital was as important to women as administrators as it was to women as

The agreement with the Town Council for the establishment of a VD centre at the Edinburgh Hospital was read and approved on 14 November 1918.²⁴ Despite their involvement with the Council's scheme, the medical women were determined to maintain control over the actual treatment which was carried out at the Hospital. Thus, although they were prepared to accept that the scheme would be funded by the Council, and that the Council would demand information on attendance and success of treatment, they insisted that they were to be left to treat those patients who attended the Hospital with venereal diseases as they saw fit. "It should be made clear in any contract entered into with the local authority that the Hospital, while prepared to give statistics or records of cases etc. cannot admit any form of outside medical control", declared the Hospital staff. On the same note, in order to remain in control of the proceedings, it was also insisted that "any contract entered into should be limited to a period not exceeding three years",²⁵ after which time the continuation of the scheme would be reviewed.

By April of 1919, "the lower ward had been converted into a special ward under the VD scheme of the city",²⁶ with three cots and twelve beds allocated for those cases suffering from venereal diseases.²⁷ Those hospitals in Edinburgh involved in the VD scheme were the Royal Infirmary, where both men and women were treated, the latter under the care of Dr. Mary

doctors. By the early twentieth century the Edinburgh Hospital was still the only hospital in Edinburgh which was run entirely by women (with the exception of the Hospice). The interests of the executive committee, however, were not always in tune with those of the medical staff. For the views of Mrs. Johnson on the importance of the Edinburgh Hospital for women's involvement in hospital administration, see letter from Mrs. J.C. Johnston to Miss F.M. Huxley, (n.d.). "In themselves" she remarked, "[hospitals staffed entirely by women] offer a chance of medical service and development which is proving of great value not only to medical women, but to the whole question of hospital administration".

²⁴ Executive Committee Minutes vol. 4, 11th June 1918, pp. 247-249; and *ibid.*, 14th November 1918, pp. 252-256.

²⁵ Executive Committee Minutes, vol. 4, 14th November 1918, p. 256; Medical Committee Minutes, 1912-1919, 28th October, 1919.

²⁶ Executive Committee Minutes, vol. 4, 8th April 1919, p. 267.

²⁷ Medical Committee Minutes, 1919-1927, 25th March 1919. Increased VD work at the Dispensary in connection with the Town Council's scheme meant that it needed to be properly equipped for the work. It was suggested that the basement should be fitted out to deal with VD patients in isolation from those patients who were not suffering from venereal diseases. The Town Council authorised and paid for such a re-fit by November of 1919. See Executive Committee Minutes, vol. 4, 15th July, 1919, p. 279. See also Edinburgh Town Council Public Health Sub-Committee 1917-1919, 4th March 1919, p. 205.

Liston²⁸; the Simpson, where ante-natal cases were treated; and the Edinburgh Hospital for Women and Children, which provided for “married women with their infants, young girls and expectant mothers, innocent victims of venereal disease”. Dr. Mary MacNicol was appointed to take care of this branch of the Hospital’s work.²⁹ The Town Council paid for the salary of Dr. MacNicol, the cost of the conversion, the drugs and appliances necessary for treatment, and 5 shillings per day per occupied bed.³⁰ Out-patient clinics were established at the Edinburgh Hospital itself (on Tuesday afternoons), and also at the Dispensary at 25 Grove Street. Two new dispensaries were opened, which were “conducted under the auspices of the Bruntsfield [Edinburgh] Hospital” at 1 Wheatfield Road and 29 Windsor Street.³¹ Until 1923, the Hospital also treated infants under two years of age. By this date, however, Pilton Hospital had opened wards for VD patients, and babies went there for treatment.³²

From the establishment of its VD ward, the Edinburgh Hospital found that the demand for its services in this department was greater than had initially been expected. In the first year of its involvement with the scheme the Hospital was so inundated with desperate women that it was “unable to

²⁸ MOH Annual Report 1919, p. 55.

²⁹ Annual Report 1919, p. 4. See also MOH Annual Report 1919, p. 55. Pathological work for the VD centres was undertaken by the laboratory of the Royal College of Physicians. Ibid. There was still some resistance to women doctors becoming involved in such sensitive matters as the treatment of VD. In 1922, the Town Clerk received a letter from a Mrs. R. Mary Barclay, who expressed “disapprobation at the appointment of Mrs. MacNicol in connection with the treatment of Venereal Diseases”, and claimed to know many people who “think as I do about these matters.” She suggested that Dr. MacNicol was inadequately qualified, was a “war profiteer”, and as a married woman owed her “first duty” to her husband. “The neglect of this duty by women is one of the main causes of prostitution and venereal disease”, she went on. “In any case, a woman with children should not hold an appointment in connection with venereal disease”. Letter from R. Mary Barclay to Town Clerk, 16th January, 1922, Edinburgh Corporation Town Clerk’s Department, Public Health Committee: Hospitals: Bruntsfield Hospital for Women and Children.

³⁰ History of the VD Department at the Bruntsfield Hospital and Elsie Inglis Memorial Maternity Hospital, n.d., Edinburgh Hospital for Women and Children Miscellaneous Papers. The “doctor in charge” of the VD cases was paid “one guinea a week”. Medical Committee Minutes, October 28 1919.

³¹ Letter from John T. Maxwell to the secretary of the Local Government Board, 28th May 1919, re: Venereal Diseases Scheme, Bruntsfield Hospital. Edinburgh City Archives, Edinburgh Town Clerk’s Department, Venereal Diseases General File, Jan. 1918 - 31st Dec. 1919, Public Health Committee.

³² History of the VD Department at the Bruntsfield Hospital and Elsie Inglis Memorial Maternity Hospital, nd, Edinburgh Hospital for Women and Children Miscellaneous Papers.

cope with the number of cases requiring institutional treatment". The Annual Reports noted that the establishment of the venereal diseases ward "with its special adaptation to the needs of married women and children" met a demand "hitherto unrealised or neglected".³³ As the *Scotsman* reported, "[w]omen, who are generally innocent victims, resented being attended at an ordinary department among patients of doubtful character".³⁴ It was for this very reason that the department at the Edinburgh Hospital had been initiated. Those patients who were of "doubtful character", which usually meant prostitutes, were treated at the Infirmary or at the Simpson. Although the Edinburgh Hospital primarily existed for the treatment of married women and children, however, this does not mean that it treated only this constituency. Although it is not explicitly mentioned in the Annual Reports of either the Hospital or the Medical Officer of Health, the register of patients for the Dispensary implies that single women were also treated. "Had a baby in April (illegit.)" noted the Dispensary Register in November 1919 of one 24 year old patient, '[h]as not felt well since. Baby died at fortnight old. Hoarseness - sore throat. Hair falling out ... to have Wassermann ... sent to Dr. McNicol'.³⁵ Furthermore, the Almoner, who was appointed by the Edinburgh Hospital in 1924, had as one of her special duties to visit single mothers and advise them on their future prospects and those of their babies.³⁶

³³ EHWC Annual Report 1919, pp. 5-6.

³⁴ *The Scotsman*, Wednesday 5th October, 1927.

³⁵ Edinburgh Hospital for Women and Children Dispensary Register, volume 22 (1919), patient no. 14298.

³⁶ See below, section 6 footnote 92. The attitude of the Edinburgh Hospital and The Hospice towards unmarried mothers is rather confusing. According to the Medical Committee Minutes for mid 1904 and 27th June, 1911, pregnant women who sought entry to the Hospice or Hospital were permitted only if it was an "abnormal" pregnancy, or if this was their first illegitimate child. In 1907 however, it was noted that "such cases [the confinement of an unmarried girl] should not be admitted". (Medical Committee Minutes, March 21st, 1907.) By 1915 it was noted that unmarried mothers were admitted to the Hospice for their confinement only if they agreed to go to the "Admiral Street Home" after the baby was born to receive moral instruction. This last "rule" was established by the Hospice House Committee, but was not accepted by the Medical Committee, who complained that "in two cases suitable patients had been refused on account of this rule". In opposition to the House Committee, therefore, the Medical Committee declared that they "would prefer that no such rule should be made". See Medical Committee Minutes, 7th January 1915. The question of whether to admit such women as patients was clearly a controversial one and, as this last point illustrates, was also the source of some disagreement between the medical and the administrative staff.

There were two “unique” aspects of the VD work at the Hospital which were constantly emphasised in the Annual Reports of both the Hospital and the Medical Officer of Health. In the first place was the treatment as in-patients of children under twelve - an important feature, stressed the Annual Reports, given that “there is practically no other institution in the city which makes provision for these cases”. In the second place, mothers and babies could be treated together in the ward. Again, this was claimed as “a unique feature of the work, and one which was very valuable”.³⁷ Such was the demand for the services of the VD department at the Hospital that by 1923 the number being treated there exceeded the number of patients who were treated in the Hospital for other medical problems.³⁸

Repeatedly over the next ten years the Edinburgh Hospital petitioned the Town Council for more money, new equipment and better facilities, with varying degrees of success.³⁹ The scheme outlined above, however, which was set up in 1919, remained the same until 1927, when a VD department was established at the recently opened Elsie Inglis Memorial Maternity Hospital⁴⁰ (EIMMH) to treat ante-natal VD cases. Due to lack of space, such work had been impossible to undertake adequately at the Edinburgh Hospital or at the out-patient department at the Dispensary, yet it was “essential ... for the mothers themselves ... [and] for the community”. Ten beds were thus transferred from the Edinburgh Hospital to the EIMMH for this purpose, and the two out-patient clinics were transferred there. The work at the Edinburgh Hospital, however, still constituted the main portion of the medical women’s work on venereal diseases.⁴¹

³⁷ EHWC Annual Report 1920, pp. 2-3.

³⁸ EHWC Annual Report 1923, pp. 6-7. In this year the Hospital had 611 admissions, “127 medical, 156 specific diseases [i.e., VD cases] and 328 surgical”.

³⁹ In July 1921 a new treatment room for VD patients at the Edinburgh Hospital was paid for by the Council. In March 1922 the Hospital declared that the many patients who required treatment meant that a bigger grant was needed. Their petition was refused; as were similar petitions in May 1925 and September 1926. See Edinburgh Public Health Committee, 1921-23, Public Health and Hospital Sub-Committee of Public Health, 21st March 1922; Public Health Committee: Hospitals: Bruntsfield Hospital for Women and Children, 21st September, 1926; *ibid.*, 14th July, 1921.

⁴⁰ In 1924 The Hospice was relocated to Abbeyhill, where it continued in a new building with a new name: the Elsie Inglis Memorial Maternity Hospital.

⁴¹ ‘History of the VD Department at Bruntsfield Hospital and Elsie Inglis Memorial Maternity Hospital’, manuscript, c. 1935.

4. Medical Women and the NCCVD in Edinburgh

In 1916, in addition to the practical measures for the treatment of venereal diseases, the Royal Commission had also recommended that the NCCVD be in charge of educating the population with regard to the horrors of VD and the disastrous effects on health of immoral behaviour and intemperance.⁴² In Scotland the anti-venereal disease ‘propaganda’ was run by the Scottish Branch of the NCCVD and was financed by the Town Council. Women doctors, including a number of those who were, or had been, involved with the Edinburgh Hospital for Women and Children were also prominent in the orchestration of this propaganda campaign.

Although we have outlined the medical and instrumental means through which the medical profession proposed that the problem of VD might be successfully tackled, there was also a moral dimension to these efforts. This was evident in the propaganda campaigns which were implemented under the auspices of the NCCVD with the support of the medical profession and the department of Public Health. The NCCVD, which was founded at the outset of the war in 1914, had overt links with the Eugenics Education Society, which had been established to spread the eugenic message in 1907.⁴³ In 1915, the eighth Annual Report of the Eugenics Education Society declared its interest in helping to educate Britain with regard to the way in which venereal disease was to be combated and eliminated. It was announced that the Society would be collaborating with the NCCVD in giving lectures and conferences across the country.⁴⁴ The educational campaign against VD was, in the eyes of the Eugenics Education Society, a crucial task in the improvement of the race along eugenic lines. “The introductory explanation

⁴² Bland, op. cit. (n.1), p. 193.

⁴³ Leonard Darwin, ‘The Eugenics Education Society and VD’, *Eugenics Review* 8 (1916-17): 213-217.

⁴⁴ Eugenics Education Society 8th Annual Report 1915-16, p. 7.

of the facts of life”, argued the Society in its 1916-17 Annual Report, “is necessary to an understanding of the dangers of venereal diseases, especially their effects on offspring, [which] inevitably brings with it a recognition of the Eugenic ideal”.⁴⁵

Such rhetoric was enlisted by the government in the fight against venereal diseases.⁴⁶ Rather than encourage the use of prophylactics in controlling the spread of VD, the NCCVD encouraged individuals to lead chaste sexual lives, and to regulate themselves and their own sexual behaviour. “Venereal Disease ... can be conquered in two ways, by cure and by prevention, and the latter is the best way” urged Dr. Mary Douie in a typical NCCVD announcement. “It is the doctor’s business to cure it, it is the business of every man and every woman - it is your business - to prevent it”.⁴⁷ This prevention was to be achieved through the dissemination of moral and health advice via public lectures and films, and the distribution of pamphlets, posters and leaflets. Influential groups, such as nurses, teachers and social workers, were also to be targeted with specific lectures, so as to broaden the scope of the propaganda to those professionals who might come into contact with the public, either through health care or as educators.

With its links to the Eugenics Education Society, one of the NCCVD’s main arguments was the emphasis on race and nation as being of far greater importance than the desires and urges of the individual. Members of the medical profession were enlisted to lecture to the public on the evils of venereal disease and to point out the incorrect habits of life which could result

⁴⁵ Eugenics Education Society 9th Annual Report 1916-17, p. 12.

⁴⁶ Bland, op. cit. (n. 1) has discussed the different propaganda campaigns against venereal diseases which operated in Britain in the early twentieth century. Two dominant groups emerged, the NCCVD and the National Council for Public Morals (NCPM, founded in 1910). The former received the support of the government. It was concerned with self-control, education and abstinence rather than with prophylaxis. For detailed discussion of the debates which surrounded the approach of the NCCVD and the NCPM, see Bridget A. Towers, ‘Health Education Policy, 1916-1926: Venereal Disease and the Prophylaxis Dilemma’, *Medical History* 24 (1980): 70-87, and E. Beardsley, ‘Allied Against Sin: American and British Responses to Venereal Diseases in World War I’, *Medical History* 20 (1976): 189-202. Bland notes that the NCCVD was against prophylaxis because it threatened to remove the treatment for VD from the hands of the medical profession and put it into those of the individual. Bland, “‘Guardians of the Race’”, op. cit. (n. 2), p. 383.

⁴⁷ Mary Douie, *Sex in Life: Young Women*, (London: NCCVD, 1918), p. 33. See also idem, *How Girls Can Help in the Fight Against Venereal Disease*, (London: NCCVD, 1918), p. 1.

in its spread. In Edinburgh, doctors were enlisted to lecture on such subjects as “Responsibility of Citizenship”, “Marriage and Parenthood” and “Renewal of Life”.⁴⁸ These lectures were often accompanied by short films, slides and music, and had clear Eugenist overtones. The lecture “Love, Marriage, Parenthood”, which the NCCVD suggested might be successfully given in Edinburgh, was about “the great battle with those influences which spoil human sex life”. It used slides of “the special parts (organs) in different flowers whose business it is to manufacture the father seeds”, and showed films of “pollen germinating” and “orchard blossoms” to the accompaniment of “a little quiet music” as a preliminary to the revelations of the horrors of life with VD. One of the central messages to the lecture was the responsibility of women in the maintenance of the physical and moral health of the species. To the accompaniment of a slide of Venus, the audience was informed that “[j]ust as flowers are made beautiful and attractive, so the body of the woman has beauty of form, grace, attraction and her mind too is meant to be lovely, tender and strong”. Motherhood was described as “the best work we can do for our country”. A slide of Hercules, however, revealed that “the great strength of the man depends on a noble sex life”. “Racial Poisons” which “destroyed the race” included lead, alcohol and venereal diseases: “the worst of all the racial poisons”. These last two were clearly connected, as “along with drink goes impurity [and] sexual misconduct”. A slide depicting “outside a public house” was accompanied by the question “what beauty of motherhood can be found there?” Slides of syphilitic babies (“doomed!”), blind children, victims of general paralysis of the insane (“the ‘Happy’ victim”) and “congenital imbeciles” (“the worst effects ... imbecility, idiocy!”) were displayed, before the lecture turned “to the story of hope!” which detailed the “splendid efforts” of the medical profession in diagnosis and cure. Having also discussed the evils of “lazing and loitering about the streets” for the young and the bracing benefits of cycling and other wholesome outdoor pursuits, the lecture closed “with a few words on the power of womanhood to

⁴⁸ NCCVD Report, Edinburgh City Archives, Public Health Committee Files, March 1919-October 1919.

save the next generation” and a slide picturing the Madonna.⁴⁹ Leaflets were distributed at these and other similar lectures, with such instructive titles as *Ignorance, The Great Enemy; What Mother Must Tell; England’s Girls; and Sex in Life: Young Women*. Other, less circumspect, titles included *How Girls Can Help in the Fight Against Venereal Disease; VD in Children; VD and its Effects and Dangers of VD*.⁵⁰

It is clear from the text of the lecture, and from the titles of these pamphlets that the burden of responsibility for checking the spread of VD was seen to rest mainly with women. “Every workshop, every factory, every club, is what the girls and women there make it”, urged Mary Douie, author of *How Girls Can Help*. “And you can help the men”, she continued, “they are largely what women make them”.⁵¹ Women were responsible for their own health, for the health of their children, of their husbands, and also of their male and female friends, acquaintances and colleagues. Furthermore, one’s behaviour (drinking, “immoral conduct”,⁵² and “flirting” for instance) was open to censure, as it could now be blamed for the spread of disease. NCCVD propaganda called upon all women to “do all in [their] ... power to make England purer and cleaner”.⁵³

As Lucy Bland observes of the government’s sanctioning of the NCCVD to educate the public as an adjunct to the medical profession’s new ability to cure venereal disease, such a combination of therapeutics and moral propaganda meant that “medicine itself had ... become moralised”. Indeed, as Mort describes it, a “medico-moral coalition” was formed.⁵⁴

⁴⁹ Syllabus of a lecture entitled “Love, Marriage, Parenthood”, NCCVD to Town Clerk 23rd Oct. 1919, Edinburgh City Archives, Edinburgh Town Clerk’s Department, Venereal Disease, General File, Jan. 1918 - 31st Dec. 1919, Public Health Committee.

⁵⁰ NCCVD to Town Clerk, 22 Jan. 1919, re: leaflets to be distributed. Edinburgh City Archives, Edinburgh Corporation Town Clerk’s Department Public Health Committee, Treatment of Venereal Diseases, 31st Oct. 1916 - 28th Feb. 1919.

⁵¹ Mary Douie, *How Girls Can Help*, op. cit. (n. 47), p. 11.

⁵² Ibid., p. 5. Lucy Bland has explored the contrasting roles which were accorded to women in the early twentieth century VD propaganda campaigns: the “promiscuous woman” and the “healthy mother.” See Lucy Bland, “Guardians of the Race”, op. cit. (n. 2). See also Frank Mort and Lucy Bland, ‘Look Out for the “Good Time” Girl’, op. cit. (n. 2).

⁵³ Ibid., p. 12.

⁵⁴ Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England Since 1830*, (London and New York: Routledge and Kegan Paul, 1987).

The language and concerns of social purity [Bland writes,] deriving from religious conceptions of self control, will-power and morality, united with the medical re-definitions of “hygiene” to form a holistic view of health. The individual was addressed in his or her entirety - physically, morally and genetically. On the one hand the doctors claimed moral foundations for the “laws” of health. On the other hand social purists, including many feminists, claimed scientific and medical “facts” as confirming certain moral positions ... This medical and moral coalition came into its own in the venereal disease debate.⁵⁵

Earlier chapters of this thesis have emphasised the moral responsibility which middle class women were understood to possess in the Victorian period. As a consequence of this preconception, as we have seen, the medical women emphasised their fitness to undertake the study of the laws of health and hygiene and holistic physiology. The connections between this holistic, physiological approach to medicine and morality are clear, and the medical women had argued that they had an important role to play in improving the moral and physical health and well being of society through the dissemination of hygienic advice amongst women. This they did, through lectures and publications, and also through their practise of medicine at the Edinburgh Hospital. If we consider that by the early twentieth century the definition and medical understanding of hygiene had broadened to encompass sexual practises within its remit, then it will come as no surprise to note women doctors’ involvement with the NCCVD, some of whose names are already familiar.

In 1915, for example, one of the first public lectures by the NCCVD was given by Dr. May Thorne. She was the daughter of Isabel Thorne, who had been one of the original “Edinburgh Seven” from the 1870s, and who served as secretary to the London School of Medicine for Women from 1877

⁵⁵ Bland, *op. cit.* (n. 1), p. 200. See also Evans, *op. cit.* (n. 1), pp. 414-415. For a discussion of the influence of Social Darwinist ideas on VD policy in Scotland see Davidson, *op. cit.* (n. 2), esp. pp. 270-273.

till her death in 1910.⁵⁶ More significantly for this thesis, Dr. Mary MacNicol, the doctor in charge of the VD ward at the Edinburgh Hospital, became actively involved in the campaign for the eradication of VD in Edinburgh. She too lectured for the NCCVD from 1918, speaking, for example, to the College of Nursing, the Queen Mary's Army Auxiliary Corps (QMAAC), the Voluntary Health Visitors; the Women Citizens Association, and to groups of social workers.⁵⁷ This last group were cautioned to keep an eye on "high grade mental defectives suffering from Venereal Diseases ... a large proportion of whom join the ranks of prostitutes, are really Moral Imbeciles, and should be under control".⁵⁸ In early 1919 Dr. MacNicol was also involved in lecturing for a course on VD for teachers.⁵⁹ She spoke on "How Venereal Diseases Affect the Community and the Individual: The Existing Means of Combating Them in Edinburgh" for the Edinburgh Women Citizen's Association in 1923; and on "Venereal Disease in Relation to Maternity" in 1926.⁶⁰

In 1924, the Imperial Social Hygiene Congress was organised by the NCCVD. The honorary secretary of the medical section was Dr. Mary Douie. Mary Douie was one of the "first eight ladies" to graduate from Edinburgh University in 1893, and she went on to study medicine at the LSMW in 1897. From 1908 she worked with the Professor of Physiology at Toronto University, and by the early 1920s she was lecturing for the NCCVD, and writing pamphlets for them about VD.⁶¹ Her publications included *How*

⁵⁶ L. Darwin; op. cit. (n. 43); see also Shirley Roberts, *Sophia Jex-Blake: A Woman Pioneer in Nineteenth-Century Medical Reform*, (Routledge: London and New York, 1993), p. 190.

⁵⁷ Report of the NCCVD to the Town Clerk, 9th April, 1919, Edinburgh Corporation Town Clerk's Department, Venereal Diseases, General File, Jan. 1918-31st Dec. 1919, Public Health Committee; National Council for Combating Venereal Diseases: Report, Edinburgh City Archives, Public Health Committee Files, March-October 1919.

⁵⁸ Mrs. Chalmers-Watson's Report of the Conference of Members of the Propaganda Committee of the National Council, Held on 18th June, 1918, p. 4. Edinburgh City Archives, Public Health Committee Files: Jan. 1918-Dec. 1919.

⁵⁹ NCCVD Report, op. cit. (n. 57).

⁶⁰ Edinburgh Women Citizens Association Syllabus, 1922-23; Edinburgh Women Citizens Association: Syllabus, 1926-27. Dr. Joan K. Rose, obstetrical surgeon at the Hospice, was also involved with VD propaganda in this period. See the resolution by the Association to support the Edinburgh Corporation Bill for compulsory treatment of VD in 1928, Edinburgh Women Citizens Association 10th Annual Report 1927-28, pp. 15-16.

⁶¹ Proceedings of the Imperial Social Hygiene Congress, May 12-14, 1924, p. ii.

Girls Can Help in the Fight Against Venereal Diseases and *Sex in Life: Young Women*.⁶² From 1918 to the mid 1920s she travelled up to Edinburgh, and to other cities in Scotland, to lecture to social workers, mothers meetings and other groups on the horrors of venereal diseases, how the symptoms could be recognised, and the way in which they could best be avoided and treated. In November and December of 1918 alone, for example, she lectured to the Medical Women; the administrators of the QMAAC; the Edinburgh Medical Women's Society (which she lectured to twice); parents and school girls of the Edinburgh Ladies College; the Voluntary Health Visitors; a mothers' meeting at the Cowgate Dispensary; and a conference of teachers.⁶³

Perhaps the most significant medical woman member of the NCCVD in Edinburgh was Mrs. Chalmers Watson, Honorary Secretary of the Scottish Branch of the Council, and the main spokesperson who liaised with the Town Council with regard to the lectures, films, pamphlets and books which were distributed throughout the city from 1918. Mrs. Chalmers-Watson was a remarkable figure amongst the medical women of Edinburgh. As Mona Geddes (her maiden name), she had been educated at the Medical College for Women in Edinburgh, and had been one of the first two women to graduate from Edinburgh University in medicine in 1898 (the other was Jessie MacGregor). She was one of the most dynamic and active of the medical women of her generation, from her graduation until her death in 1936.⁶⁴

Mrs. Chalmers Watson had worked in maternity hospitals in London after graduating, and was a physician at the Edinburgh Hospital from 1905 to 1906, and again from 1916 to 1920, from which date she was on the consulting staff.⁶⁵ She was also a member of the Scottish Commission on diet, and worked on and pioneered the use of non-tubercular and irradiated

⁶² Op. cit. (n. 47).

⁶³ National Council for Combating Venereal Diseases: Report, 15th May, 1919, Edinburgh City Archives, Public Health Committee Files, March-October, 1919. See also Papers of the Edinburgh Women's Medical Society, 1913-1952, Minutes; November 19th 1918.

⁶⁴ Isabel Venters, 'Mrs Chalmers Watson: A Pioneer in Medicine', *The Scotsman*, 8th August 1936. It is interesting to note that Mrs. Chalmers Watson's involvement with the NCCVD is not mentioned by her obituarist.

⁶⁵ Annual Reports 1905-1906 and 1920-1923.

milk for the safe feeding of infants and children.⁶⁶ She ran a private practice with her husband, was an active member of the suffragist movement and was President of both the Edinburgh Women Citizens Association and the Scottish Women's Medical Association.⁶⁷ From 1918 in Edinburgh she was active in working for the NCCVD, as a lecturer and administrator. In November 1918 she lectured for the NCCVD to the Matron's Association and the Theosophical Society, and on "The Effect of Racial Poisons on Infant Life" to a group of Social Workers.⁶⁸ In 1922, as part of a series of public meetings on "Solicitation and the Social Evil", she lectured to the Edinburgh Women Citizens Association on "Venereal Diseases from a Public Health Aspect".⁶⁹ She was active in promoting the role of the medical women in the struggle against the spread of VD from the very outset of the campaign. In 1918, for instance, although the City VD scheme was not due to be officially implemented until 1919, she insisted that the propaganda associated with the treatment of women be started without delay. "[N]o propaganda work could be carried out until the Edinburgh Scheme was launched", noted the MOH in 1918, "but an exception was made in the case of the women's branch of the work at the request ... of Mrs Johnston [secretary of the Edinburgh Hospital] ... and Mrs. Chalmers Watson".⁷⁰

Mary Douie and Mrs. Chalmers Watson were amongst the first women to enter medicine in the late nineteenth century. Both doctors, as we

⁶⁶ This interest in nutrition was shared by Elsie Inglis, who worked with Noel Paton, lecturer in physiology at Edinburgh University, on the nature and importance of the diet of working class people. There is not room in this thesis to explore this aspect of the medical women's interests. See D. Noel Paton, J. Craufurd Dunlop and Elsie Maud Inglis, *A Study of the Diet of the Labouring Classes of Edinburgh*, (Edinburgh: Otto Schulze, 1902).

⁶⁷ Venters, op. cit. (n. 64).

⁶⁸ NCCVD Report, op. cit. (n. 57). See also NCCVD Social Workers Course, Syllabus of Lectures, 22nd February, 1919, Edinburgh Corporation Town Clerk's Department Public Health Committee - Treatment of Venereal Diseases, 31st October 1916 - 28th February, 1919.

⁶⁹ Edinburgh Women Citizens Association, Syllabus: 1922-23. See also Edinburgh Women's Citizens Association Annual Report 1923-4, p. 4, In a debate over voluntary versus compulsory methods of VD notification, Mrs Chalmers Watson was the debater in favour of compulsory methods. For a wider discussion on the Scottish arguments for compulsory notification of VD, see Davidson, op. cit. (n.1).

⁷⁰ Note from the MOH to the Town Clerk re. the work of the NCCVD, Edinburgh Town Clerk's Department, Venereal Diseases: General File, January 1918 - 31st December, 1919, Public Health Committee, 25th October, 1918.

can see from their professional histories, are figures who embody the continuity of interests which the medical women at the Edinburgh Hospital maintained throughout the first fifty years of their presence within the profession. For a start, they were both involved in the feminist movements for women's education in Edinburgh in the 1870s and 1880s, the former as a member of the ELEA and the latter as one of the first medical women. On entering medicine in the early twentieth century they indicated a particular interest in physiology, and they both lectured on the importance of physiology and hygiene for women in the home.⁷¹ The moral rhetoric which medical women had used in the 1870s and 1880s in their emphasis on the importance of a knowledge of physiology for women was still apparent in their discussion of sexual hygiene in the early twentieth century. "Everyone ought to know something about the body and its functions" wrote Mary Douie in 1918,

for example, it is wise to know something about respiration, circulation and digestion, about muscular action, and the action of the brain, and the conditions for their healthy activity; the kind of food that will best help towards growth and energy, the clothing that will give both warmth and freedom of movement, the amount of exercise and rest that is desirable ... [But] there is an even more important function that any of these, what is called the racial function, the power every living thing has of passing on life, or creating new life ... But there is ... an enemy which attacks men, women and children. This enemy is Venereal Disease. It can be conquered ... by cure and by prevention, and the latter is the better way ... The more you know of the evil the more determined will be your resistance ... It is only by knowledge that this evil will be conquered.⁷²

There are strong ideological and professional links, therefore, between the interests of the first, second and third generations of medical women: between the first medical women, such as Sophia Jex-Blake, who emphasised women doctors' importance as the dispensers of knowledge of physiology

⁷¹ William Boog-Watson, 'The First Eight Ladies', *University of Edinburgh Journal* 23 (1970): 227-234; Venters, op. cit. (n. 64).

⁷² Mary Douie, *Sex in Life*, op. cit. (n. 47), pp. 30-34. See also J. Arthur Thomson, *Education and Social Hygiene*, (London: NCCVD, 1918), pp. 2-4.

and hygiene;⁷³ and later women doctors, such as Mary Douie, Mrs. Chalmers Watson and Mary MacNicol, who became involved in the educative campaigns of the NCCVD in the 1920s and 1930s. Hygiene in general, and moral hygiene in particular which, by the 1920s, specifically encompassed sexual behaviour, became something which medical women saw themselves as well qualified to advise and comment upon.

5. “Specific Diseases”

Although a number of women doctors in Edinburgh were committed to the propaganda work of the NCCVD, the exact nature of women’s involvement with and attitudes towards VD treatment are hard to distinguish. Research on the actual interaction between women doctors and the infected is essential for a more detailed account. The patients’ records for the Edinburgh Hospital which deal with the treatment of venereal diseases, however, no longer exist.⁷⁴ Generally, therefore, information on the attitudes of the medical women towards VD and its treatment at the Edinburgh Hospital is not easy to find.

As observed above, one of the reasons for the establishment of the Edinburgh Hospital as a centre for the treatment of VD was because it ensured a reduced likelihood of stigma for those women and children who were “innocent victims” of the disease.⁷⁵ Indeed, the Edinburgh Hospital always described those being treated for venereal diseases in its wards as “innocent”.

⁷³ See chapter 2 above.

⁷⁴ This is also the case for those records from the VD wards at the Royal Edinburgh Maternity and Simpson Memorial Hospital, and the Elsie Inglis Memorial Maternity Hospital (which had a VD ante-natal ward established in 1927), as well as those dealing with the treatment of male VD patients, which were held at the Royal Infirmary. The Registers of Patients exist, which contains details of the patients’ name, address, and occupation, but there are no records available which provide information on the specific cases treated.

⁷⁵ See MOH Annual Report 1920, p. xxii.

The Medical Officer of Health on the other hand, whilst acknowledging that some sufferers were innocent, declared emphatically that it “must be as strongly asserted that the very great majority are not ... [and that] many of the lowest class of sufferers ... are spreading this disease as rapidly as opportunity offers”. Despite the limited nature of the evidence, the Edinburgh Hospital eschewed such accusatory language in its Annual Reports. Sympathy and discretion was especially important to infected married women, and it was this which helped to minimise the risk of defaulters.⁷⁶ This does mean, however, that there are very few references to those women being treated for venereal diseases in the Dispensary case notes and registers, or in the Annual Reports, or in the minutes for the Executive and the Medical Committee. In these latter minutes, the subject of the VD work is mentioned solely in terms of the need for new equipment or more money.⁷⁷ Determination to play down the VD work at the Edinburgh Hospital is made apparent by the decision not to even mention the diseases (other than euphemistically) from 1923. Thus, in 1924 the MOH was able to report an “interesting experiment”, whereby “a number of beds in a subsidiary hospital for the treatment of married women and children” had been allocated for VD, “without specifically labelling them”. This strategy for handling such a delicate subject had been “an unqualified success”. Although the hospital in question is not mentioned (as this would no doubt defeat the object of the exercise), there seems little doubt that it is referring to the Edinburgh Hospital for Women and Children, as from 1923 those women being treated for VD in the Hospital are described in the Hospital’s Annual Reports as suffering from “specific diseases”.⁷⁸ The Annual Reports of the Simpson, where single mothers were more likely to be treated, and whose moralising tone we have

⁷⁶ Successful medical treatment for venereal diseases was a prolonged process and defaulting was a common problem, one which the Annual Reports for the MOH complained about repeatedly. Roger Davidson has discussed the attempts of the medical profession in Scotland to eliminate defaulters. See Davidson, *op. cit.* (n. 2), especially pp. 280-284.

⁷⁷ The Annual Reports from the Simpson are also quiet on the subject of their VD patients. This is possibly because not only were venereal diseases not the sort of illnesses which the public liked subscribing to, but also because as the VD schemes were paid for by the Town Council there was no need for the Annual Reports to advocate their importance to the general public in their quest for funds.

⁷⁸ See MOH Annual Report 1924, p. 59; and EHWC Annual Report 1924, p. 5.

observed above in chapters 1 and 5, were never quite so circumspect, although even here there is little more than statistical evidence available.

Despite the lack of data on the actual treatment of venereal diseases at the Edinburgh Hospital, more information is available with regard to the medical women's association with the NCCVD, and their involvement with local health policy issues, such as the controversy over compulsory controls in the treatment of venereal diseases.

6. Medical Women and Local Issues in the Campaign against VD

Roger Davidson has argued that provision for VD in Scotland was characterised by a far greater insistence on the need for legislation to compel the infected to go for treatment than was the case in England.⁷⁹ The Annual Reports from the MOH in Edinburgh repeatedly stress the need for controls to prevent the infected from defaulting on their treatment, which took up to two years of painful injections to fully effect a cure. Those defaulters who were singled out to be especially problematic were men (whose careless behaviour infected their wives and children) and "the problem single girl". The MOH was supported in this preoccupation with these two groups of defaulters by the Scottish Branch of the NCCVD.

The attitude of medical women towards defaulters and VD controls in Scotland, and towards the morality surrounding the medical surveillance of sexual behaviour is an interesting issue. Historians have concluded that one of the main reasons why the state was reluctant to compel those who suffered from VD to have treatment was because the last time the government had become involved in the regulation of sexual activity - the Contagious Diseases Acts of 1864, 1866 and 1869 - they had been fiercely opposed by numerous

⁷⁹ Roger Davidson, *op. cit.* (n.1), p. 220.

feminist pressure groups.⁸⁰ Women doctors, however, had occupied an ambivalent position in these debates, and prominent medical women, such as Elizabeth Garrett Anderson and Sophia Jex-Blake, had supported the Acts; a stance which had been in opposition to prevailing feminist attitudes. Such tensions between the medical women's allegiance to their profession, and their allegiance to the feminism which had powered their campaigns for entry to medicine, remained in evidence throughout the late nineteenth and early twentieth centuries. As Mary Ann Elston has observed, the extent to which successive generations of medical women were 'feminists' must not be taken for granted. Increasingly, she suggests, women regarded medicine as a career, rather than as the fulfilment of a particular mission from women to women.⁸¹ Pragmatism, rather than idealism, was the order of the day, and by the interwar years this attitude amongst the medical women was gaining widespread currency. As chapter 5 suggested, the medical women at the Edinburgh Hospital and the Hospice had made this quite clear, and it was certainly the case with regard to their involvement with infant and child welfare schemes in the early part of the century. The attitude of the medical women in Edinburgh towards the compulsory regulation of those suffering from VD illustrates the continuation of these tensions.

A number of national feminist groups, such as the Medical Women's Federation, the Women's Freedom League and the Association for Moral and Social Hygiene, opposed the imposition of compulsory VD controls, arguing that such forcible treatment could lead to concealment and would simply intensify the problem by driving it underground. However, local feminist groups in Edinburgh (such as the Edinburgh Women Citizen's Association) gave their support to the prevailing medical opinion in the city that compulsory controls were a necessity if innocent women and children were to be protected. Davidson suggests that "they saw the opportunity in local legislation to regulate male sexual behaviour as part of the contemporary

⁸⁰ Bland, *op. cit.* (n. 1), pp. 199-200. The CD Acts were repealed in 1886.

⁸¹ Mary Ann Elston, *Women Doctors and the British health Services: A Sociological Survey of their Careers and Opportunities*, (unpublished PhD thesis, University of Leeds, 1986), p. 173. See also chapter 5 above.

struggle for women's rights".⁸² Medical women in these groups voiced their support for VD controls, despite the opposition of the Medical Women's Federation. Again, Mrs. Chalmers Watson, secretary of the Scottish branch of the NCCVD, was the most outspoken medical woman on the matter. In 1923, at a "propaganda" meeting of the Edinburgh Women Citizens Association, she advocated compulsory controls in a debate on the best means to tackle the continuing problem of venereal diseases.⁸³ In 1928, also at the Edinburgh Women Citizens Association, there was a debate on the Edinburgh Corporation Bill - a private member's bill which proposed the enforcement of compulsory VD treatment for those infected. The motion for its acceptance at this meeting (which was passed with a large majority) was seconded by Mrs. Chalmers Watson. It was also supported by Dr. Joan K. Rose, obstetric physician at the Elsie Inglis Memorial Maternity Hospital (EIMMH).⁸⁴

With the great preoccupation with the "problem" of defaulters, the Annual Reports of the Hospital were pleased to be able to point to the ever decreasing number of such women at the Edinburgh Hospital as one of the VD ward's more important achievements.⁸⁵ However, the female defaulter, and the female who was rapidly re-infected, *were* perceived to be a problem by the medical women at the Edinburgh Hospital, although they were not singled out for recrimination in the Annual Reports. This was in contrast to the outrage and alarm of the MOH on the matter, who saw fit to mention the "infected single girl" as a monstrous source of disease and immorality in almost every Annual Report from 1919 to 1930. "Problem girls", he explained, were unmarried women who had "fallen into disgrace at home", had attended hospital for treatment, but "on leaving ... have no place to go ... drift back to their old habits ... [and end up] returning to the gutter".⁸⁶ Most such "infected single girls" were regarded as "morally deficient" and "many" were condemned as "mentally deficient". Although they were such imbeciles

⁸² Davidson, op. cit. (n. 1), pp. 221-222.

⁸³ 'Venereal Diseases: Voluntary *versus* Compulsory Controls', Edinburgh Women Citizens Association Annual Report 1923-1924, p. 4.

⁸⁴ Edinburgh Women Citizens Association Annual Report 1927-1928, p. 16. The Bill failed.

⁸⁵ EHCW Annual Report 1924, p. 8.

⁸⁶ MOH Annual Report 1920, p. 54.

that they did not understand that they had to attend the VD clinic regularly, they were not “sufficiently so” to be locked up in an asylum out of harms way.⁸⁷ Although the medical women did not speak of such women in these terms in the Annual Reports they were, none the less, concerned with the problem and sought to find suitable accommodation during and after treatment to prevent either defaulting or a “return to former habits”.⁸⁸ Drs. MacNicol and Chalmers Watson (as well as Dr. Douie) emphasised the need for a refuge home for these women,⁸⁹ and Drs. MacNicol and Liston (who was the clinical assistant specialising in venereal diseases of women at the Royal Infirmary) attempted to liaise with the Edinburgh Magdalene Asylum on the matter, although they were unsuccessful in their petition.⁹⁰ Although no explicit mention is made of the matter, it is possible that the Edinburgh Rescue Shelter, which was founded in 1920, may have provided such a refuge for these “problem girls”, although this does not appear to be stated in any formal arrangement with the Public Health Department. However, Executive Committee members of the Shelter included Dr. Mary MacNicol, and Dr. Mary Liston, and the latter also acted as “medical advisor” there in the 1920s. Although the importance of the institution for those women infected with VD is not specifically mentioned in the Annual Reports, in 1938 it was observed that the Shelter also served the purpose of correcting the “moral conduct” of many “mentally defective or physically diseased” young women.⁹¹

Although unmarried women, some of them mothers, were treated for venereal diseases at the Edinburgh Hospital, they were not branded as morally or mentally defective, and were mentioned in the Annual Reports only once with regard to the importance of the “Lady Almoner”, who was appointed in 1924.⁹² The main purpose of the Lady Almoner was to track down those women who had defaulted on their treatment or, as the Annual Report for

⁸⁷ MOH Annual Report 1928, p. 77.

⁸⁸ Ibid.

⁸⁹ NCCVD conference notes, Edinburgh Corporation Town Clerk’s Department, Venereal Diseases, General File, Jan. 1918-31st Dec. 1919, Public Health Committee.

⁹⁰ Edinburgh Magdalene Asylum Sub-Committee Minute Book, 1901-1922, 12th May, 1920, and 14th July, 1920 (no pagination).

⁹¹ See Edinburgh Rescue Shelter 3rd Annual Report, 1923, pp. 2-4, and St. Margaret’s Shelter for Girls Annual Report, 1938, pp. 4-5.

⁹² EHWC Annual Report 1924, p. 3.

1930 described it, to keep “a record of all attendances at the ante-natal and post-natal clinics and ... [make] inquiries into the reasons for any failures to attend”. She was then able to monitor patients in their home environment, “report ... on home condition” and garner “knowledge of their circumstances [which] enable her to adjust suitable terms with them”. On the basis of this “knowledge”, she was then qualified to offer them “advice and help of practical value”. Although the Almoner’s Department was an important service for married women, it was pin-pointed as being of particular value to “the unmarried mother”, who had “special difficulties as to her own future and that of her child”.⁹³

The Almoner’s Department at the Edinburgh Hospital operated in conjunction with the ante-natal and post-natal clinics, which were run in association with the Hospice from 1924 (from 1927 at the EIMMH). The VD work was continued at these clinics as it was deemed appropriate and necessary for medical women to “combine venereal and infant welfare work”.⁹⁴ The main emphasis was on advice and education, and on the value of such things for the success of preventive medicine. “All mothers will be welcome, and will be able to obtain medical treatment, and learn the value of fresh air and sunshine and proper food and clothing in the prevention of disease”, the Annual Report for 1923 optimistically announced, “[t]hus one more step will be taken to make their households healthy and happy, and to banish rickets and preventable diseases from their homes”.⁹⁵ The mothers were to be taught physiology, hygiene and the “laws of health”: the very subjects which the medical women had advocated in the 1870s and 1880s as being vital knowledge for women at large. This time the information was tailored for a specific interest group: ante- and post-natal women. “Preventable diseases” by the 1920s, however, also included venereal diseases.⁹⁶ “This beneficent work in the Prevention of Disease is a real economy”, declared the Annual Report in 1926 with reference to instruction

⁹³ EHWC Annual Report 1930, pp. 6-7.

⁹⁴ Town Clerk’s Department, Venereal Diseases, General File, Jan. 1918-31st Dec. 1919, Public Health Committee, Nov. 18th, 1918.

⁹⁵ EHWC Annual Report 1923, p. 3.

⁹⁶ EHWC Annual Report 1925, p. 10.

on measures which would prevent the onset of “specific diseases”, “for to tend the victims of disease in hospital is a costly task and the bill a heavy one”.⁹⁷ By this period, therefore, the preventive medicine which the medical women were involved in at the Edinburgh Hospital was concerned with the monitoring and regulation of sexual behaviour, as well as the management of diet, cleanliness and all other aspects of physical, mental and moral life.

7. Medical Surveillance and the Treatment of Venereal Diseases at the Edinburgh Hospital

We have seen in chapter 5 above how the establishment of infant welfare clinics in the early years of the twentieth-century and the maternity out-patient work at the Hospice, whereby medical women entered working women’s houses to help them during childbirth and offered them advice on infant feeding and nutrition, conforms to Armstrong’s analysis of medical surveillance.⁹⁸ The developments in the administration and treatment of venereal diseases at the Edinburgh Hospital for Women and Children can also be interpreted as being further instances of “the extended [medical] gaze of the twentieth century”.⁹⁹ Through the comprehensive development of the VD out-patient department and the insistence of the medical profession that the infected return for treatment regularly over a period of two years; as well as the surveillance of women and their sexual behaviour by an Almoner (who actually pursued “the infected” into their own homes), the medical profession,

⁹⁷ EHWC Annual Report 1926, p. 4. MOH Annual Report 1919, p. 24. This MOH Annual Report claimed that by treating babies at these clinics, the infected mothers were often able to be treated properly, and that this also helped to reduce the risk of their defaulting.

⁹⁸ These same themes are also discussed by Armstrong with regard to the infant welfare clinics which emerged in the 1900s. David Armstrong, *Political Anatomy of the Body: Medical Knowledge in Britain in the Twentieth Century*, (Cambridge: Cambridge University Press, 1983), pp. 13-16.

⁹⁹ Ibid., p. 18. See also Davidson, op. cit. (n. 2), pp. 290-293 ; and chapter 5 section 6 above.

in conjunction with the state, increased their influence over the lives and behaviour of ordinary people.

By the early twentieth-century the involvement of the Edinburgh Hospital with the Public Health Department's VD schemes meant that it had actively extended its sphere of influence into peoples' homes. Social and sexual behaviour which was deemed to be unacceptable and likely to lead to infection and disease could be monitored by the medical women, or by the almoner they employed, and corrected. As Armstrong puts it, the Dispensary was no longer simply a place where people came for treatment, but "radiated out into the community. Illness was sought, identified and monitored by various techniques and agents in the community; the dispensary building was merely the co-ordinating centre".¹⁰⁰

The involvement of both the Hospice and the Edinburgh Hospital with out-patient and Dispensary work, both for the treatment and surveillance of venereal diseases and for the surveillance of the health and welfare of babies, meant that medical women monitored working class women's behaviour and sought to impose a middle class morality on practises of child care and sexual behaviour. As we have seen in earlier chapters, the very earliest medical women were concerned with the dissemination of hygienic knowledge, and implicitly, therefore, with the correction of certain aspects of working class lifestyles. The moral content of this attitude is clear, and it is perhaps not surprising, therefore, to find women doctors at the forefront of the campaigns for the eradication of venereal diseases which swept the country in the early to mid twentieth-century.

Furthermore, as noted above, the medical definition of what actually constituted preventive medicine, and what was meant by the principles of hygiene, had also expanded in scope in this period to include all aspects of social life. As a result, more aspects of people's behaviour, including their sexual habits, were open to scrutiny, criticism, and correction by the medical profession. Social and sexual behaviour which fell outside of what was accepted by the medical profession were implicitly, and often explicitly, criticised as being incorrect: disease and ill-health, for example, were due to

¹⁰⁰ Armstrong, *op. cit.* (n. 98), p. 8.

“ignorance” of the correct ways to live. They could be eradicated only if the advice of middle class doctors was followed, and the results monitored. With their knowledge of science, medicine, health and disease legitimising their professional opinions, doctors were then able to prescribe certain changes in behaviour, such as sexual abstinence, self restraint and moderation in all things, which were more in line with middle-class notions of social and sexual correctness. The justification for advocating these changes of behaviour was the assumption that this would then lead to better health, or at least the absence of certain diseases.¹⁰¹ “Dangerous sexualities”, or those forms of sexual behaviour (such as sexually active unmarried women) which did not conform to the prescribed middle class norm were, thus, branded as putting the health of society at risk. They were then stigmatised, deemed to be in need of correction, and subjected to rigorous scrutiny and harsh medical treatment.¹⁰² Medical women, as middle class doctors, subscribed to these practises and attitudes. As we have also seen from the propaganda which the medical women wrote for the NCCVD, for example, they did not hesitate to pin-point “girls” and “younger women” as being those most in need of moral advice. Despite their initial reluctance to allow VD cases into their Hospital as a distinct specialism, therefore, the medical women of Edinburgh found a special place for themselves within this particular “medico-moral” discourse.

Conclusions

From 1900, despite having been members of the medical profession for over twenty years, the medical women were aware that they were largely

¹⁰¹ Armstrong discusses this with specific reference to venereal diseases. *Ibid.*, pp. 10-13.

¹⁰² The phrase “dangerous sexualities” is Mort’s; see Mort, *op. cit.* (n. 2). Roger Davidson has discussed these issues in full with regard to VD treatment in Scotland, and has concluded that “one is struck by the moral overtones of contemporary treatment”. All activities which might excite the sufferer, such as drinking and dancing, were banned. They were prohibited to have sex for up to 4 years; and protracted and painful therapies were continued, even after new ones had been brought in which were not so unpleasant. Concepts of “scientific” treatment in the period, he concludes, were laden with the values of social hygiene. See Davidson, *op. cit.* (n. 2), pp. 290-291.

isolated from the mainstream of the profession, and that they had to make their own opportunities in medicine in Edinburgh if they were to succeed. From the early years of the twentieth century to the interwar period, two particular fields of clinical practice were in operation at the Edinburgh Hospital for Women and Children and its sister institution, the Hospice. These were the treatment of venereal diseases at the former and infant and maternal welfare provision at the latter. From the mid-1920s, ante-natal and post-natal clinics combined aspects of both specialisms.

As we have seen, with regard to infant welfare, the medical women took the initiative and created for themselves an important role in the health of the working class women and babies of the Old Town of Edinburgh. At the Edinburgh Hospital, the medical women were initially reluctant to specialise in the care of those suffering from VD. The financial circumstances of the Hospital by the interwar period meant that becoming involved in the Town Council's plans for VD treatment was a decision based on economic necessity, rather than any particular desire to specialise in this area of medicine. As the spread of VD in the city became a source of great concern to the Public Health Department, however, the medical women became increasingly important, not only in the treatment of "innocent" married women and children, but also in the treatment and surveillance of "problem girls" and single mothers. The treatment of venereal diseases was too sensitive an issue to be handled successfully by medical men alone, and the medical women found that they had a vital part to play in the health of the nation. Furthermore, the moral role which women doctors had claimed for themselves in the Victorian period made them the ideal lecturers and advisors in the moral education campaigns which were run in the city by the NCCVD from 1919.

It was through these specialisms, at these two institutions, that women doctors were able to carve out a place for themselves in the city which drew on those aspects of medicine which they had pursued in the previous century - the provision of advice on health, hygiene and child care - yet which were also increasingly accepted by the male medical profession as being important

to the welfare of women and children throughout the country.¹⁰³ As the moral guardians of society, and as the main occupants of the domestic world of the private sphere - roles which they had inherited from their Victorian forbears - the medical women of the early twentieth-century portrayed themselves as the ideal moral agents to take the public world of medicine into the private world of the home. This they did, in their out-patient work at the Dispensary and in their supervision of the work of the Health Visitors and the Almoner.

The moral content of women's involvement with medicine has been a recurrent theme throughout this thesis. From 1919, as the Hospital became a part of the Council's scheme for the systematic treatment of venereal disease cases, the medical women became more clearly involved with the morality of their patients' social and sexual behaviour. We lack the records from the VD cases that were treated at the Hospital and are therefore unable to examine the language used in the diagnosis and treatment of the cases themselves. However, it is noticeable in the Annual Reports that the medical women's VD work was always described as being amongst "innocent victims", and their language eschews the overt moral condemnation which is so strikingly apparent in the Annual Reports of the MOH in the period.

Despite this, the medical women were quite clearly persuasive members of the "medico-moral coalition" which developed with the extension of the medical gaze in the early twentieth century, and which was especially pertinent with regard to the treatment of venereal diseases. Furthermore, their involvement with the NCCVD and with the dissemination of that organisation's propaganda in the bid to influence the sexual behaviour of working class women suggests a willingness to advocate whatever moral position would be most useful in the establishment of their own professional identity and status. The language used in the lectures, pamphlets and reports

¹⁰³ D. Haig Ferguson, 'Some Aspects of Medical Women's Work', *The Gambolier*, 23rd Feb. 1916, pp. 76-78 and pp. 88-90. Edinburgh Town Council was anxious to encourage women doctors to specialise in the treatment of venereal diseases. "Hospitals and medical schools [should] be requested to arrange special post-graduate courses for the training of medical women in the modern methods of treatment and a strong appeal is made to medical women to specialise in this area", wrote the MOH in 1919. See Edinburgh Corporation Town Clerk's Department, Venereal Diseases: General File, January 1918-31st December 1919, Public Health Committee, 18th November, 1918.

of the NCCVD, for instance, is clearly more condemnatory in tone than that used with regard to the VD patients at the Hospital. There is a dualism here which is new to the work, and to the rhetoric, of the Edinburgh Medical Women. From the beginning of the Town Council's VD schemes a different moral economy began to impinge on the work and attitudes of the medical women: a moral economy of public health surveillance and medical management. This new morality provided the medical women with new opportunities for professional development (in public health, for instance) in the years after the first world war. Thus, they adopted a strong moral tone in their participation in public health debates, such as in their support of the campaign for compulsory controls, and portrayed themselves as the ideal agents of moral surveillance. At the same time, however, at the Edinburgh Hospital they adopted a much softer rhetorical approach, one that was in keeping with the sensibilities of the "respectable" working-class women who sought treatment there.

Clearly, the notion of women's mission to women and the feminist dimension to the medical women's perception of their role in the medical profession which had characterised their rhetoric in the previous century, was being eroded by more pragmatic, career oriented concerns. This trend has already been observed in relation to the establishment of the provision for mothers and babies at the Hospice in the early twentieth-century. The establishment of the VD schemes in Edinburgh heralded the emergence of new institutional and political structures in the arena of public health to which women doctors could address themselves. It is significant also that these were institutions with supervisory and coercive powers - unlike the Edinburgh Hospital, which relied upon the support of women philanthropists and patients for its success. In effect, the medical women's participation with the schemes for the control and treatment of venereal diseases in the inter-war period can be interpreted as an alliance with a coercive state which began to supplement, if not totally displace, the politics of feminine solidarity as a route to social and professional status for medical women in Edinburgh.

Conclusions

This thesis began its analysis in the Victorian period, with a discussion of the wider context of women's constrained private role in society; their emergence into the public world through their involvement with unpaid philanthropic work; and the gathering momentum of the women's rights movement, focusing especially on the campaigns for medical and higher education (chapter 1). With this wider analysis as essential background, it has charted the foundation and development of the Edinburgh Hospital for Women and Children from its modest beginnings as a dispensary (in 1878) and cottage hospital (from 1885) through to the late 1920s, when its role in the medical community of Edinburgh was secured - primarily through the involvement of the medical women in the state-sponsored provision for venereal diseases implemented by the Town Council from 1919; and at the Hospice through the establishment of infant and maternal welfare schemes in the early twentieth century.

In many respects, women's entry to the medical profession had depended on their advocacy of female physicians as the most suitable for understanding and treating women and children. They had appealed to a prevailing concern for the need to preserve the modesty of women, and had drawn on well-established notions of women's moral, domestic role in society in their portrayal of themselves as the ideal physicians to those whose lives were based in the home. As women, they claimed, they were also the most suitable ambassadors of advice on hygiene, general health within the family, and domestic management. As doctors, it was implied, women would have the knowledge, the expertise, and the authority to effect great change in the health and habits of the nation. It was arguments such as these

which led to perceptions of the role and importance of women doctors - by women doctors themselves, by the medical profession, and by society at large - which were to prove influential in the subsequent development of the medical women's professional interests at the Edinburgh Hospital and at the Hospice.

The difficulties which the medical women faced in their efforts to be accepted by the medical profession in Edinburgh have been implicit throughout this thesis, and the strategies which they adopted to create a niche for themselves in medical practice in the city have been discussed. This thesis has indicated how medical knowledge can be used by different interest groups for political ends. In this case, women, who made up a new interest group within the medical profession, were quick to emphasise and lay claim to a knowledge of physiology and hygiene and the "laws of life" as a means of creating a role for themselves within medicine: they appropriated this particular body of medical knowledge to justify the need for female physicians and legitimise their practise of medicine. This was an essential part of their integration into the medical profession (chapter 2).

The moral content of much of the practise of medicine at the Hospital has also been commented on. The popular notion that medical knowledge embodies an objective truth with regard to health and the eradication of disease is fallacious. The inculcation of middle-class standards of hygiene and propriety were implicitly, and persuasively, present throughout the work of the medical women; whether as the advocates of a knowledge of physiology and hygiene for women; as physicians practising a holistic method of therapeutics in their own institution; as the dispensers of milk and advice to young working-class mothers; or as the agents of the Public Health Department's crusade against the spread of venereal diseases.

The task of finding a place for their services within the medical profession in Edinburgh, however, was not an easy one. Women remained very much a minority within the profession for many years after they gained the right to have their names put on the medical register and the right to

receive medical education in the United Kingdom. As suggested in chapter 5, opportunities for medical women remained largely confined to those specialisms within medicine which dealt with women and children until well into the Edwardian period; a difficulty which was recognised by the medical women themselves, and one which they were determined to overcome.

Whilst the Edinburgh Hospital remained situated in Grove Street, opportunities for the growth and diversification of the medical women's practice of medicine at that institution remained limited. Although the Cottage Hospital was a success, cases were generally confined to complaints of chronic fatigue and exhaustion (chapters 3 and 4). However, even once the Hospital moved to larger and better equipped premises in 1899, the hoped-for expansion in the opportunities and skills of the medical women who trained and worked there did not materialise. The "not very active" Edinburgh Hospital for Women and Children accumulated debts and sank into obscurity.

It was the Hospice which first established itself as a medical institution in the city with a definite and important role to play in the burgeoning public health services of the early twentieth century (chapter 5). Although the Town Council stepped in with vital financial aid to assist the medical women's infant and maternal welfare schemes in 1913, prior to this they had established and run on their own initiative a comprehensive and much-used number of services for women and babies in one of the poorest parts of the city for almost a decade.

The financial assistance of the Town Council was to prove decisive in the fortunes of the Edinburgh Hospital, as well as the Hospice. It was to be the involvement of the Town Council in the medical women's work at the Edinburgh Hospital which not only ensured the continuing success of that institution, but also precipitated a shift in the moral tone of the medical women's professional outlook (chapter 6).

Throughout the nineteenth century, the medical women at the Edinburgh Hospital had adopted a gentle and persuasive moral tone in their dealings with their patients. Patients were fed and rested; exhorted to take walks, to drink less tea, to give up occupations which were not conducive to good health, to eat and sleep properly and take care over the regularity of their

bowels. In 1919 the Town Council reached an agreement with the medical women which ensured that they would treat “respectable” females for VD at the Edinburgh Hospital, and become involved in the dissemination of the NCCVD’s propaganda. From the involvement of the Town Council in the running of particular clinics at the Edinburgh Hospital and the Hospice, a dualism in the moral tenor of the medical women’s language and professional outlook became apparent. Although maintaining a moderate moral tone with regard to those who were treated for venereal diseases at the Hospital, the language used by the medical women in the NCCVD propaganda was far more judgmental and uncompromising: the “innocent victims” of the former were a far cry from the “doomed imbeciles” and “mental defectives” who haunted the rhetoric of the NCCVD lectures and pamphlets.

Chapters 1 to 4 of this thesis have referred to the notion of woman’s mission to woman which made up one of the main strands of the medical women’s arguments in their bid to enter the medical profession in the late 1860s and early 1870s. This was an overtly feminist dimension to their campaigning rhetoric which was still being voiced by medical women at the Edinburgh Hospital in the 1890s. By the early twentieth century, however, such principles had been eroded somewhat, as it became clear that professional opportunities for the medical women in the city were few and far between.

Feminist solidarity diminished further as the state-sponsored morality of the NCCVD offered greater professional and social dividends to women doctors at the Edinburgh Hospital, who were still striving to be accepted by the medical profession. Definitions of what constituted the public and private changed during the early twentieth-century, with the private world of the home being increasingly invaded by the public world of the state (the Public Health Department) through “medico-moral” surveillance - almoners, baby clinics, health visitors, for instance, all invading the once private domestic environment. Women doctors were, clearly, the best agents of this invasion of the private sphere, as the home had always been advocated as their traditional domain. State concern with the social and sexual habits of the working-class resulted in the employment of women doctors to advise and

disseminate advice on hygiene (which by the 1920s included sexual hygiene, as well as domestic hygiene and baby-care) to working-class women under the financial aegis of the Edinburgh Town Council. By the early twentieth century the medical women had emerged as the enthusiastic arbiters of correct behaviour in terms of baby-care and infant welfare, and also in terms of what were deemed to be correct, and hygienic, sexual practises. Increasingly, the Edinburgh Hospital came to depend on the financial hand-outs from the Town Council, rather than on its former method of funding, the payments of patients and the contributions of lady philanthropists. Although women doctors found that they were increasingly accepted by the male medical profession through their involvement with the Public Health Department, this was at the expense of their feminist commitment to their “sisters” in the working class. Although they managed to maintain their separatist identity - both institutions remaining staffed and patronised by women only - the Edinburgh Hospital and the Hospice, and the women doctors who worked there, found that the price of their wider acceptance within the medical profession was a diminution of the feminist principles which had allowed them to gain access to the profession in the first place.

Although by the inter-war period women physicians at the Hospital had been able to consolidate their position within the medical profession, it must be observed that the Edinburgh Hospital’s usefulness to the profession, the state and the Public Health Department was dependent on their remaining within the sphere of influence which they had delineated for themselves in the 1870s. Namely, the domestic setting of home and family, particularly women and children, and the moral and physical health of this constituency. Furthermore, as Mary Ryan has observed, for women to make a success of their bid to enter the public sphere, they inevitably ended up embracing, and bolstering, the very principles of domesticity and gender division which they had once opposed.¹

¹ Mary P. Ryan, ‘The Power of Women's Networks’, in Judith Newton, Mary P. Ryan, Judith R. Walkowitz (eds.) *Sex and Class in Women's History*, (London and New York: Harper and Row, 1983), pp. 36-49.

Despite E. Moberly Bell's triumphant chronicling of "the rise of the woman doctor", women's early years as practising members of the medical profession did not constitute a storming of the citadel². Their entry to the profession was through arguments which drew on and emphasised women's traditional role in society, and which hijacked aspects of medicine - such as hygiene and preventive medicine - which were rapidly being marginalised as low status by the medical profession more generally. Even once they found special roles for themselves in medical practice, these were roles which had the blessing of the male establishment, and which needed this support in order to flourish.

Rather than "storming the citadel", therefore, medical women seemed to have battered loudly on the door, and then filed in slowly to work unobtrusively in the corner. However, the point which has been implied throughout this thesis is that although the Edinburgh Hospital for Women and Children and the Hospice were not large institutions which pioneered new and exciting techniques in medicine and surgery, they were unique and valuable in terms of the level of sympathy and understanding which they extended to their patients, and also in terms of the health care which they made available to working and working class women in the city of Edinburgh - treatment which was not available at any other medical institution in the city at this time. Given the prejudice, hostility and lack of opportunity which women encountered both before and after their entry to the medical profession, it is to their credit that the Edinburgh Hospital for Women and Children, and the Hospice, were able to succeed at all.

This thesis, and the work of feminists and historians in general, have sought to explain and understand women's emergence into public and professional life and their role in society, past and present. These efforts notwithstanding, women still remain marginal subjects in historical scholarship. Medical history is no exception: women's absence from the history books after their initial entry to the medical profession means that there

² E. Moberly Bell, *Storming the Citadel: The Rise of the Woman Doctor*, (London: Constable, 1953).

is still much research which needs to be done to enable us to understand the terms of women's success as doctors, and the social and professional mechanisms which shaped - and still shape - their careers. As patients also, although the experiences of middle-class women have attracted the interest of historians, working-class women have received little attention. To remedy these deficiencies, studies of women other than the famous pioneering feminist figures of the mid to late nineteenth-century need to be attempted. By the mid twentieth-century, for instance, a number of medical women were well known and highly respected in the medical profession in Edinburgh. Dr. Gertrude Herzfeld, for example, stands out as a women doctor who rose to prominence, working as a surgeon at the Edinburgh Hospital for Women and Children and also at the Royal Hospital for Sick Children, and becoming the first female fellow of the Royal College of Surgeons of Edinburgh in 1920. Biographies of such women remain to be undertaken; whilst local studies of women doctors at work - in hospitals (women-run or otherwise), in public health and in private practice - are also much needed if the integration of women into the medical profession is to be more fully understood. Studies of women as the recipients of medical care, in private practice and in hospitals - general hospitals, special hospitals, lying-in institutions, magdalene asylums, lock-hospitals, for example, are also needed to further our understanding of the relationship between doctors and their female patients, and the demand for and provision of medical services for women.

This thesis has attempted to provide some insight into the pioneering and integration of women doctors into the medical profession as they occurred at the Edinburgh Hospital for Women and Children, and the Hospice, in the late nineteenth and early twentieth centuries. It has also sought to examine the experience of health and illness of those working-class women who sought medical treatment at the Edinburgh Hospital. The history which has been attempted here, however, provides only a starting point for the history of women in medicine in Scotland.

Appendix I.*

Table 1.: Patients with functional complaints (somatic and psychological), 1885-1900

complaint	number of cases	% of total cases
anaemia	147	32
anorexia	80	17.5
constipation	276	60.4
debility	86	18.8
dyspepsia	87	19
fatigue	73	16
headache	116	25.4
insomnia	74	16.2
nervous / hysterical.	79	17.2
weakness	136	29.7

(Source: Edinburgh Hospital for Women and Children Register of Patients (2 vols.) 1885-1900)

Table 2: Patients with one or more functional complaints, 1885-1900

number of complaints	number of cases	% of total cases
0	82	18
1	66	14.4
2	74	16.2
3	96	21
4	74	16.2
5	42	9.2
6	18	3.9
7	4	0.9
8	0	0
9	0	0
10	1	0.2
total	457	100

(Source: Edinburgh Hospital for Women and Children Register of Patients (2 vols.) 1885-1900)

(total number of women’s cases: 457.)*

Table 3: Patients with gynaecological complaints, 1885-1900

complaint	number of cases	% of total cases
amenorrhoea	7	1.5
abdominal pain	16	3.5
dysmenorrhoea	25	5.5
leuchorrhoea	18	3.9
menorrhagia	18	3.9
miscarriage	32	7
polyp	7	1.5
tumour	1	0.2
uterine pain	18	3.9
other (discharge, fistula, flooding)	9	2

(Source: Edinburgh Hospital for Women and Children Register of Patients (2 vols.) 1885-1900)

Table 4: Patients with one or more gynaecological complaints, 1885-1900

number of complaints	number of cases	% of total cases
0	340	74.4
1	88	19.25
2	24	5.25
3	5	1.1
total	457	100

(Source: Edinburgh Hospital for Women and Children Register of Patients (2 vols.) 1885-1900)

Table 5: Gynaecological complaints presented with one or more functional complaints, 1885-1900

no. functional complaints	no. gynae. cases	% of total gynae. cases	% of total cases
0	9	8	2
1	25	21.4	5.5
2	50	43	11
3	22	19	4.8
4	6	5	1.3
5	0	0	0
6	1	1	0.2
7	3	2.6	0.7
total	117	100	25.6

(Source: Edinburgh Hospital for Women and Children Register of Patients (2 vols.) 1885-1900)

Table 6: Patients with organic complaints, 1885-1900

complaint	number of cases	% of total cases
TB	12	2.6
pleurisy	4	0.8
bronchitis	60	13.2
rheumatism	31	6.8
ulcers	4	0.8
eczema	7	1.5
varicose veins	29	6.3

(Source: Edinburgh Hospital for Women and Children Register of Patients (2 vols.) 1885-1900)

Table 7: Organic complaints recorded with one or more functional complaints, 1885-1900

no. functional complaints	no. organic cases	% of total organic cases	% of total cases
0	25	17	5.5
1	37	25	8.1
2	34	23	7.4
3	38	26	8.3
4	8	5	1.7
5	3	2.5	0.6
6	0	0	0
7	2	1.5	0.4
total	147	100	32

(Source: Edinburgh Hospital for Women and Children Register of Patients (2 vols.) 1885-1900)

Table 8: Causes of illness, 1885-1900

cause of illness	number of cases	% of cases
work related	67	14.6
childbirth/ pregnancy	63	13.7
housing	19	4
diet related	29	6
exhaustion	13	2.8
anxiety/ worry	11	2.4
husband	7	1.5
other	7	1.5

(Source: Edinburgh Hospital for Women and Children Register of Patients (2 vols.) 1885-1900)

Table 9: Patients with one or more cause of illness recorded, 1885-1900

number of causes	number of cases	% of total cases
0	285	62.3
1	143	29.6
2	17	6
3	9	1.7
4	3	0.4
total	457	100

(Source: Edinburgh Hospital for Women and Children Register of Patients (2 vols.) 1885-1900)

Table 10: Discharged Patients, 1885-1900

discharged to...	number of cases	% of total cases	% of valid cases
dispensary	101	22	62
‘convalescent’	15	3.3	9.2
‘country’	13	2.8	8
home	10	2.2	6
home visits	8	1.7	5
died	5	1.2	3
Royal Infirmary	4	0.9	2.4
poor house	4	0.9	2.4
Longmore (hospital for incurables)	3	0.7	2
no record	294	64.3	-
total	457	100	100

(Source: Edinburgh Hospital for Women and Children Register of Patients (2 vols.) 1885-1900)

Appendix II*

Table 1: Occupational categories at the Edinburgh Hospital for Women and Children, 1885-1900

occupation	cases with occupation noted	% of cases	% of valid cases
housewife	102	25	39.7
domestic servant	68	16.7	26.5
skilled worker	22	5.4	8.5
professional	12	3	4.6
unskilled worker	20	5	7.8
service industry	19	4.7	7.4
factory worker	14	3.4	5.5
no record	151	37	-
total	408	100	100

(Source: Edinburgh Hospital for Women and Children Register of Patients (2 vols.) 1885-1900)

Table 2: Marital status, 1885-1900

status	cases with status noted	% of cases	% of valid cases
married	131	32.1	40.6
single	169	41.4	52.3
widowed	22	5.4	6.8
no record	86	21	-
total	408	100	100

(Source: Edinburgh Hospital for Women and Children Register of Patients (2 vols.) 1885-1900)

(Total number of women attending: 408. Figures exclude 49 re-admissions)*

Table 3: Residential areas, 1885-1900

address	number of cases	% of cases	% of valid cases
Gorgie/Dalry	97	23.7	25.2
Leith/Calton	45	11	11.7
Southside	28	7	7.7
Old Town	21	5.1	5.4
Polwarth	18	4.4	4.6
Haymarket	18	4.4	4.6
St. Leonards	14	3.4	3.6
Lauriston	12	3	3
Pleasance	11	2.7	2.8
other Edinburgh	106	26	27.5
non Edinburgh	15	3.3	3.9
no record	23	5.6	-
total	408	100	100

(Source: Edinburgh Hospital for Women and Children Register of Patients (2 vols.) 1885-1900)

BIBLIOGRAPHY

1. Unpublished Primary Sources

1. Papers from the Edinburgh Hospital and Dispensary for Women and Children and The Hospice (Elsie Inglis Memorial Hospital), c.1878-1930

Anon., 'The Elsie Inglis Memorial in Scotland', 1918, (LHB8/11/1/1)

Anon., 'History of the VD Department of the Edinburgh Hospital for Women and Children and the Elsie Inglis Memorial Maternity Hospital', (1918-1935), (nd., c. 1935), (LHB8/11/1/10)

Anon., 'The Hospice', (n.d., c. 1921) (LHB8/11/1/17)

Edinburgh Dispensary for Women and Children, Bye Laws, 1883, (LHB8/9/1)

Edinburgh Dispensary for Women and Children Register of Patients, June 1879 - Sept. 1883 (LHB8/10/1)

Edinburgh Dispensary for Women and Children Accounts, September 1883 - December 1886, (LHB8/10/2)

Edinburgh Hospital and Dispensary for Women and Children Annual Reports, 1899-1909 (LHB8/7/22 - LHB8/7/30)

Edinburgh Hospital and Dispensary for Women and Children (Bruntsfield Hospital) and The Hospice (from 1924 the Elsie Inglis Memorial Maternity Hospital), Annual Reports, 1910-1930 (LHB8/7/31 - LHB8/7/52)

Edinburgh Hospital and Dispensary for Women and Children, Executive Committee Minutes, volume 2, (1884-1899), (LHB8/1/2); volume 3 (1900-1909) (LHB8/1/3); volume 4, (1910-1920) (LHB8/1/4); volume 5, (1920-1925); volume 6, (1925-1932) (LHB8/1/6)

Edinburgh Hospital and Dispensary for Women and Children, Regulations and Bye Laws, 1885 (LHB8/9/2); General Rules, 1891, (LHB8/9/3); Regulations and Bye-Laws, 1892, (LHB8/9/4); Bye-laws, Regulations and Trust Deed, 1899, (LHB8/9/5)

Edinburgh Hospital for Women and Children Building Committee Minutes, February 1896 - February 1899 (LHB8/6/1); Building Fund Accounts 1896-1899 (LHB8/10/3)

Edinburgh Hospital for Women and Children Case Notes, 2 vols., 1885-1901 (LHB8/19/1-2)

Edinburgh Hospital for Women and Children and Elsie Inglis Memorial Maternity Hospital, Miscellaneous Papers (LHB8/11/2/5)

Edinburgh Hospital for Women and Children and the Hospice, Medical Committee Minutes, vol. 1, (1899-1918) (LHB8/5/1); vol. 2, (1918-1927) (LHB8/5/2); vol. 3, 1927-1940 (LHB8/5/3)

Elsie Inglis Memorial Maternity Hospital Register of Patients, July 1925 - May 1931 (LHB8/23/1)

Erskine, Marian. 'The Hospice', (1921) (LHB8/11/1/3)

The Hospice Annual Report, 1904 (LHB8/7/70); Annual Report 1905 (LHB8/7/71); 1908 (LHB8/7/74)

The Hospice Case Book, 1910-1911 (LHB8/28/1)

The Hospice Dispensary Register, 1911-1928 (LHB8/28/2)

Sophia Jex-Blake to Lady Chalmers (Secretary to the Executive Committee), 15th April, 1901 (LHB8/1/3/20)

Mrs. J.C. Johnston to Miss F.M. Huxley outlining the history of the Hospital, 11th June 1936 (LHB8/11/1/12)

Letters pertaining to the establishment of the George Square Nursing Home for Women, January - July 1899, (LHB8/1/2/44; LHB8/1/2/46; LHB8/1/3/3)

Lothian, Alexandra. 'Dispensary for Women and Children, 21 Torphichen Street', (c. 1921) (LHB8/11/1/5)

Rose, Joan K. 'The Present Work of the Hospice', (1921), Miscellaneous Papers from the Edinburgh Hospital and Dispensary for Women and Children and the Hospice (LHB8/11/1/4)

Venters, Isabel. 'Bruntsfield Hospital', (n.d., c. 1921) (LHB8/11/1/6)

Walker, Lady. 'Notes on the Work of the Hospital, the Hospice and the Dispensary', (1921) (LHB8/11/1/2)

2. Lothian Health Board Archives, Edinburgh University Library Special Collections

Chalmers' Hospital Annual Reports, 1861-1886 (LHB4/1/1 and 2)

Chalmers' Hospital Report by the Directors to the Annual Meeting of the Trustees, 17th Jan. 1872 (LHB4/3/1)

Edinburgh Royal Hospital for Sick Children Annual Reports 1869-1900 (LHB5/2/11-42)

Edinburgh Royal Maternity and Simpson Memorial Hospital Annual Reports 1870-1905 (LHB3/7/26-56)

Leith Hospital Annual Reports 1869-1900 (LHB6/2/1-32)

Royal Edinburgh Hospital Annual Reports 1869-1900 (LHB7/7/7/18-20; LHB7/7/8/1-11; LHB7/7/9/1-10; LHB7/7/10/1-9)

Royal Infirmary of Edinburgh Annual Reports 1869-1900, (LHB1/4/68-100)

3. Edinburgh University Archives, Edinburgh University Library Special Collections

Anon., In Memoriam: Sarah Elizabeth Siddons Mair, c. 1941 (EAUEW Papers, Gen. 1877/8)

John Hughes Bennett Papers, 1935-1875, Edinburgh University Library Special Collections (Da. 2001-4)

Robert Christison Papers, 1832-1874 (Dk.4.56)

Edinburgh Association for the University Education of Women Annual Reports, 1868-1880 (Gen. 1877/8)

Edinburgh Ladies Education Association Members List (Gen. 1877/1/1-1.4)

Edinburgh Ladies Education Association and Edinburgh Association for the University Education of Women general papers (Gen. 1877/1-4)

Edinburgh Ladies Education Association and the Edinburgh Association for the University Education of Women, Annual Reports and Calendars 1868-1900 (Gen. 1877/1/1-4 and Gen. 1877/8)

Edinburgh Ladies Education Association and Edinburgh Association for the University Education of Women Class Registers, 1882-1888 (Gen. 1877/3)

Edinburgh University Calendar, 1968-1900 (Da. 36)

Edinburgh University Court Draft Minutes and Related Papers, 1969-1870 (Da. 23)

Edinburgh University Court Minute Book vol. 1 (1859-1870) and vol. 2 (1871-1880) (Da. 23)

Edinburgh University Draft Minutes of Meetings of University Court (Da. 23)

Edinburgh University Draft Senate Minutes and Papers (Da. 31.3)

Edinburgh University Ladies Class of Physiology Prospectus, c. 1869 (Gen. 2007/1)

Edinburgh University Matriculation Indexes and Class Lists, 1869-1873 (Da. 34)

Edinburgh University Report of the Committee of Senatus on the Relations of the University to the Higher Education of Women. Edinburgh University Draft Senate Minutes and Papers, April 10th 1869 (Da. 31.3)

Edinburgh University Senatus Academicus Draft Minutes and Papers (Da. 31.3)

Edinburgh University Senatus Scroll Minutes (Da. 31.1)

Edinburgh Women's Medical Society, Papers 1913-1952 (Da. 67)

Edinburgh Women's Medical Society Minutes, 1913-1952 (Da. 67)

Miss Rosaline Masson to Miss Elspeth Boog-Watson, 1948 (Gen. 1877/8)

Thorne, Isabel. 'Medical Education for Women in London and Edinburgh c. 1870, Described by Mrs. Isabel Jane Thorne (Gen 1927/19)

E. Boog Watson, The Edinburgh Association for the University Education of Women, 1897-1967, (privately printed, n.d.)

4. Edinburgh City Chambers' Archives

Edinburgh Corporation Public Health Committee, 1921-1923, (SL 26/2/10)

Edinburgh Corporation, Public Health Committee Files: Jan. 1918- Dec. 1919, (DRT 14, box 34)

Edinburgh Corporation, Public Health Committee Files, Jan. 1918 - Dec.

1919: Mrs. Chalmers Watson's Report of the Conference of Members of the Propaganda Committee of the National Council, Held on 18th June, 1918. (DRT 14 box 34)

Edinburgh Corporation Town Clerk's Department Public Health Committee: File no. 1: Child Welfare, 1925-1928, (191 (1) box 26. m 6/5)

Edinburgh Corporation Town Clerk's Department, Public Health Committee: Hospitals: Bruntsfield Hospital for Women and Children, 1919-1929, (PH 177 box 25 m 6/5)

Edinburgh Corporation Town Clerk's Department, Public Health Committee: Treatment of Venereal Diseases, 31st October 1916 - 28th Feb. 1919, (PH. 15)

Edinburgh Corporation Town Clerk's Department, Public Health Committee, Venereal Diseases General File, 1918-1919, (box. 34, 36e)

Edinburgh Town Council Public Health Committee Minutes, (including Public Health Sub-Committee Minutes) 1907-1909 (SL26/2/8); 1910-1911 (SL 26/2/2); 1911-1912 (SL 26/2/3) and 1917-1919 (SL 26/2/1)

Edinburgh Town Council Public Health Committee Remits, 1905-1909, (SL 26/4/6)

Edinburgh Town Council, Remits, 1905-1909, (SL 26/4/6)

5. Edinburgh Room, Edinburgh Public Library

Edinburgh Magdalene Asylum, Minutes of the Ladies Committee volume II (1873-1938)

Edinburgh Magdalene Asylum Sub-Committee Minutes Book 1901-1922

Edinburgh Rescue Shelter 3rd Annual Report 1923. (St. Margaret's Rescue Shelter)

Edinburgh Women Citizens' Association Annual Reports (1923-24 and 1927-28)

Edinburgh Women Citizens' Association Executive Committee Minutes 1921-1925

Edinburgh Women Citizens' Association Souvenir Coming of Age (1939)

Edinburgh Women Citizens' Association Syllabus 1922-23; 1926-27; 1928-1929

Medical Officer of Health for the City of Edinburgh Annual Reports 1900-1930

St. Margaret's Rescue Shelter for Girls, Annual Reports, 1923-1938

6. *Miscellaneous.*

Eugenics Education Society Annual Reports 1907-1919

London School of Medicine for Women Annual Reports 1875-1901
(LSMW, box 11)

London School of Medicine for Women Prospectus 1874-1890 (LSMW, box 8)

Papers of Edward Sharpey-Schafer, (Wellcome Institute, CMAC, PP/ESS/E22)

Proceedings of the Imperial Social Hygiene Congress, May 12-14, 1924

Scottish University Women's Suffrage Union, 7th, 8th, 9th and 10th Annual Reports, 1918

Isabel Thorne to Mr. Fitch on his election as Governor of the London School of Medicine for Women, (LSMW, mss. no. 573, box 13)

Scottish University Women's Suffrage Union, 7th, 8th 9th and 10th Annual Reports

2. Published Primary Sources

Alexander, Thomas. *Pharmacopoeia of the Royal Infirmary of Edinburgh*, 2nd Edition, (Edinburgh: James Thin, 1896)

Anon., 'The Admission of Women Students of Medicine to University Classes', *Edinburgh Medical Journal* ns. 17 (1916): 225-226

Anon., 'The Campaign Against Venereal Diseases', *Edinburgh Medical Journal* ns. 24 (1920): 67

Anon., 'Eugenics and Venereal Disease', *Eugenics Review* 5 (1913-14): 264-270

Anon., 'Female Doctors', *Edinburgh Medical Journal* 21 (1875): 457-458

- Anon., 'The Free Hospital System', *Chambers's Journal* (1879): 481-483
- Anon., 'Girls, Wives and Mothers: A Word to the Middle Classes', *Chambers's Journal* (1884): 33-35
- Anon., 'The Higher Education of Women, I: What Has Been Done for it in Scotland', *Chambers's Journal* (1887): 33-36
- Anon., 'The Higher Education of Women, II: The Question of its Advantages', *Chambers's Journal* (1887): 134-137
- Anon., 'The Influence of Women', *Chambers's Journal* (1880): 305-306
- Anon., 'Mischievous Philanthropy', *Chambers's Journal* (1878): 450-451
- Anon., 'Nursing in the Edinburgh Infirmary', *Edinburgh Medical Journal* 21 (1876): 929-933
- Anon., Obituary of John Hughes Bennett, *British Medical Journal* 2 (1875): 473-478
- Anon., Obituary of Mrs. Chalmers-Watson, *The Scotsman*, 8th August, 1936
- Anon., Obituary of Gertrude Herzfeld, *The Scotsman*, 18th May, 1981,
- Anon., Obituary of John Gray M'Kendrick, *The Lancet*, 16th Jan., (1926): 157-158
- Anon., Obituary of Duncan McLaren, MP, *Glasgow Herald*, 27th April, 1886
- Anon., Obituary of Sarah Elizabeth Siddons Mair, *The Scotsman*, 17th Feb., 1941
- Anon., Obituary of Elizabeth Pease Nichol, *Englishwoman's Review*, 15th April, 1897
- Anon., Obituary of Dairmid Noel Paton, *British Medical Journal* 2 (1928): 679-680
- Anon., Obituary of Joan K. Rose, *Edinburgh Evening News*, 22nd April, 1950, p. 5
- Anon., Obituary of William Rutherford, *Caledonian Medical Journal* (1899): 442-444
- Anon., Obituary of Isabella B. Venters, *The Scotsman*, 13th Oct., 1934

- Anon., 'Old Maids', *Blackwood's Edinburgh Magazine* 62 (1872): 94-108
- Anon., 'The Progress of Woman', *Quarterly Review* 195 (1902): 201-220
- Anon. 'Report of the Royal Commission on Venereal Diseases', *Edinburgh Medical Journal* n.s., 16(1916): 322-328
- Anon., 'Sex in Mind and Education: A Commentary', *Blackwood's Edinburgh Magazine* 65 (1874): 736-749
- Anon., *The True Rights of Women*, (Second Edition), (London: 1869)
- Anon., 'What Woman is Fitted For', *Westminster Review* 77 (1887): 64-75
- Anon., *A Woman's View of Women's Rights*, (London, 1867)
- Balfour, Frances. *Dr. Elsie Inglis*, (London: Hodder and Stoughton, 1918)
- Bennett, John Hughes. 'Clinical Medicine - Introductory Observations, 9th November, 1849', *London and Edinburgh Monthly Medical Journal* 10 (1850): 57-62
- Idem. 'Contributions to Pathology and Rational Medicine: Introduction - How Should Medicine Be Advanced? With a Few Words in Reply to the Suggestions of Dr. Forbes', *London and Edinburgh Monthly Medical Journal* 7 (1847): 20-27
- Idem. 'Contributions to Pathology and Rational Medicine: No. 3 - On Abnormal Nutrition and Diseases of the Blood', *London and Edinburgh Monthly Medical Journal* 7 (1847): 226-233
- Idem. 'On the Treatment of Phthisis Pulmonalis', *London and Edinburgh Monthly Medical Journal* 10 (1850): 232-239
- Idem. *Physiology as a Branch of General Education: A Graduation Address*, (Edinburgh: Edmonston and Douglas, 1971)
- Idem. *Physiology as a Branch of General Education and of Natural Science for Students in Arts, An Address Delivered to the Royal Medical Society of Edinburgh, 6th November, 1868*, (Edinburgh: Edmonston and Douglas, 1869)
- Idem. 'Physiology for Women', *Nature* (1871): 73
- Blackwell, Elizabeth. *The Influence of Women in the Profession of Medicine: An Address Given at the Opening of the London School of Medicine for Women*, (London: George Bell and Sons, 1889)

Blackwell, Elizabeth and Emily Blackwell, 'Medicine as a Profession for Women', *Englishwomen's Review* (1860)

Blythe, Phoebe. 'Woman's Work', *Ladies Edinburgh Magazine* 1 (1875): 184-188

Boucherett, Jessie. 'How To Provide for Superfluous Women', in Josephine Butler, (ed.), *Woman's Work and Woman's Culture*, (London, 1869)

Burdett, H. C. *Burdett's Hospitals and Charities*, (London: 1899)

Idem. 'Hospital Reform', *Fraser's Magazine* ns. 23 (1881): 501-514

Butler, Josephine (ed.) *Women's Work and Women's Culture*, (London: MacMillan, 1869)

Clark, Andrew. 'Dr. Hughes Bennett', *British Medical Journal* August 21 (1875): 244

Clouston, Thomas. *Clinical Lectures on Mental Diseases*, (first edition), (London: J. and A. Churchill, 1883)

Idem. *Female Education from a Medical Point of View: Two Lectures Delivered at the Philosophical Institute, Edinburgh, November, 1882*, (Edinburgh: MacNiven and Wallace, 1882)

Idem. *Health of Body and Soundness of Mind: A Lay Sermon*, (Edinburgh: MacNiven and Wallace, 1903)

Idem. *How the Scientific Way of Looking at Things Helps Us in Our Work: An Address to the Nursing Staff of the Retreat, York*, (York: 1908)

Idem. *The Hygiene of Mind*, (London: Methven and Co., 1906)

Idem. 'Lecture on Mental Health', re-printed from the *Morningside Mirror* (Feb. and March 1875): 1-4

Idem. 'Melancholia and Toxaemic Theory: A Clinical Sketch', *Scottish Medical and Surgical Journal* 10 (1902): 97-112

Idem. 'Modern Medico-Psychology and Psychiatry: The Clinical Classification of Insanities', *The Hospital* 17 (1895)

Idem. *Morrison Lectures on Insanity for 1873, by the Late David Skae*, (Edinburgh: 1874)

Idem. *Nervous Diseases and Symptoms of the School Age*, (n.d.)

Idem. 'On the Use of Hypnotics, Sedatives and Motor Depressants in the Treatment of Mental Diseases', re-printed from the *American Journal of the Medical Sciences* (1889): 10-11

Idem. 'The Psychological Dangers to Women in Modern Social Development', in Sir Oliver Lodge (ed.), *The Position of Women, Actual and Ideal*, (London: James Nisbet and Co. Ltd, 1911)

Idem. 'Puberty and Adolescence Medico-Psychologically Considered', *Edinburgh Medical Journal* 26 (1880): 5-17

Idem. 'The Study of Mental Diseases: Being the Introductory Lecture Delivered in the University of Edinburgh on the Institution of the Lectureship on Mental Diseases, May, 1879', *Edinburgh Medical Journal* 25 (1879): 1-20

Idem. 'Sulphonal: Its Advantages and Disadvantages', *Edinburgh Hospital Reports*, vol. 3, (Edinburgh and London: Young J. Pentland, 1985): 476-483

Cobb, Francis Power. 'What Shall We Do With Our Old Maids?' *Fraser's Magazine* 66 (1862): 594-610

Cockburn, H. *Journal of Henry Cockburn, 1831-1854* (2 vols.), (Edinburgh: Maclachlan Stewart and Co., 1971)

Combe, Andrew. *The Management of Infancy, Physiological and Moral*, (Edinburgh: Maclachlan Stewart and Co., 1834)

Idem. *The Principles of Physiology Applied to the Preservation of Health and to the Improvement of Physical and Mental Education*, 16th Edition, edited by James Cox, (Edinburgh: Maclachlan Stewart and Co., 1885)

Idem. *Physiology of Digestion, Considered with Relation to the Principles of Dietetics*, (Edinburgh: Maclachlan Stewart and Co., 1836)

Combe, George. *The Life and Correspondence of Andrew Combe, 1797-1847*, (Edinburgh: Maclachlan Stewart and Co., 1850)

Idem. *Lectures on Popular Education*, 3rd edition, (Edinburgh: Maclachlan Stewart and Co., 1848)

Dalton, John Call. *A Treatise on Physiology and Hygiene*, (London: Samson, Low, Son and Marston, 1868)

Darwin, Leonard. 'The Eugenics Education Society and VD', *Eugenics Review* 8 (1916-17): 213-217

Douie, Mary. *Sex in Life: Young Women*, (London: NCCVD, 1918)

Idem. *How Girls Can Help in the Fight Against Venereal Disease*, (London: NCCVD, 1918)

Idem. *How Girls Can Help Towards Social Hygiene*, (London: NCCVD, c. 1918)

Duncan, Andrew A *Short Account of the Rise, Progress and Present State of the Lunatic Asylum at Edinburgh*, (Edinburgh: 1912)

Dunbar, Eliza Walker. 'Medicine as a Profession for Women', *Ladies Edinburgh Magazine* 1 (1875): 383-388

Edinburgh Charities Registration Union, *Edinburgh Charities Registration Union First Annual Report and Handbook of Edinburgh Charities and Benevolent Institutions*, (Edinburgh: 1888)

Edinburgh Health Society, *Health Lectures for the People*, (Edinburgh: MacNiven and Wallace, 1882; 1883; 1884-5; 1886)

Ellis, Sarah. *Education of the Heart: Women's Best Work*, (London: 1869)

Englishwomen's Yearbook, 1881 and 1890, (London: Hatchards, 1881 and 1890)

Ferguson, A. Haig. 'Some Aspects of Medical Women's Work', *The Gambolier*, 15th March, (1916): 88-90

Fletcher, J. *Discourse on the Importance of Physiology as a Branch of Popular Education*, (Edinburgh: Maclachlan Stewart and Co., 1836)

Geddes Patrick and J. Arthur Thomson, *The Evolution of Sex*, (London: Scott, 1889)

Gowans, James. *The Maintenance of the Health of the People and the Beauty of Our City*, (Edinburgh: James Turner and Co., 1885)

Greenwood, M. 'Infant Mortality and Its Administrative Control', *Eugenics Review* 4 (1912-13): 284-304

Herzfeld, Gertrude. 'Forty Years of Surgery: Some Random Recollections and Reflections', *Journal of the Medical Women's Federation* 39 (1957): 245-249

Hoggan, Francis. 'Women in Medicine', in T. Stanton, (ed.), *The Woman Question in Europe*, (London: Low, 1884), pp. 63-85

Hutton, Isabel. *Memories of a Doctor in War and Peace*, (London: William Heinemann Ltd., 1960)

- Idem. *The Hygiene of Marriage*, (London: Heinemann, 1924)
- Jeune, Lady (ed.) *Ladies at Work: Papers on Paid Employment for Ladies*, (London: Mavmillan, 1893)
- Jex-Blake, Sophia. *The Care of Infants: A Manual for Mothers and Nurses*, (London: Macmillan, 1884)
- Idem. *Medical Education of Women: A Comprehensive Summary of Present Facilities*, (Edinburgh: National Association for Promoting the Medical Education of Women: 1888)
- Idem. 'Medical Women', *The Nineteenth Century* 75 (1887): 692-707
- Idem. *Medical Women: A Thesis and a History*, 2nd ed., (Edinburgh: Oliphant, Anderson and Ferrier, 1886)
- Idem. 'Medical Women in Fiction', *The Nineteenth Century* 33 (1893): 261-272
- Idem. 'The Practice of Medicine by Women', *Fortnightly Review* ns. 17 (1875): 392-407
- Idem. 'Registration of Midwives', *Englishwoman's Review*, (14th April, 1883): 164-166
- Idem. 'Review of "The Woman Question in Europe"', *The Academy*, (4th October, 1884): 198
- Ker, Alice. *Lectures to Women: Manchester Domestic Economy Classes, I: Infancy and Childhood; II: Girlhood; III: Womanhood; IV: Advanced Womanhood*, (Manchester and London: John Hayward, 1884)
- Lane, J. Ernest. 'Racial Poisons: 7, Venereal Diseases', *Eugenics Review* 1 (1909-10): 254-264
- Lankester, Edwin. *What Shall We Teach? or Physiology in Schools*, (London: Groombridge and Sons, 1870)
- Laycock, Thomas. *Mind and Brain*, vol. II, (second edition) (London: Simpkin, Marshall and Co., 1869)
- Lees, David. 'Syphilis: It's Early Diagnosis and Initial Treatment', *Edinburgh Medical Journal* ns. 25 (1920): 182-195
- Leslie, R. Murray. 'Women's Progress in Relation to Eugenics', *Eugenics Review* 2 (1910-11): 282-298

- M'Kendrick, John Gray. *The Story of My Life*, (Aberdeen, 1919)
- Idem. 'Obituary of John Hughes Bennett', *Edinburgh Medical Journal* 21 (1875): 466-474
- Idem. *John Hughes Bennett*, (Edinburgh: Oliver and Boyd, 1875)
- Idem. *Outlines of Physiology in its Relations to Man*, (Glasgow: James Maclehose, 1878)
- MacNicol, Mary. 'Address to the Women's Medical Society', *The Student* (1935-6): 60
- March, Nora. 'The Eugenic Aspects of National Baby Week', *Eugenics Review* 9 (1917-18): 95-108
- Mitchell, Kate. *The Dangers of Intemperance*, (London: National Temperance Publication Depot, 1885)
- Idem. *The Effects of Alcohol on Women*, (London: National Temperance Publication Depot, 1887)
- Murray, Flora. 'The Position of Women in Medicine and Surgery', *New Statesman Special Supplement on the Awakening of Women*, no. 36 vol. 2, Saturday, 5th Nov. 1913, pp. xvi-xvii
- Nightingale, Florence. *Notes on Hospitals*, (London: John W. Parker and Son, 1856)
- Ormiston-Chant, L. 'Hospital Management', *Englishwoman's Review* (1883): 246-7
- Parkes, Edmund A. *A Manual of Practical Hygiene*, 8th Edition, (London: J. and A. Churchill, 1891)
- Paton, D. Noel. 'The Influence of Diet in Pregnancy and the Weight of the Offspring', *The Lancet*, (4th July, 1903): 21-2
- Idem. 'The Relationship of Physiology to Medicine', *Edinburgh Medical Journal* 39 (1898): 512-521
- Idem. 'The Relationship of Science and Medicine', *Edinburgh Medical Journal* 35 (1928): 1-11
- Idem, J. Craufurd Dunlop and Elsie Maud Inglis, *A Study of the Diet of the Labouring Classes in Edinburgh*, (Edinburgh: Otto Schulze, 1902)
- Proceedings of the Imperial Social Hygiene Congress*, (London: National Council for Combating Venereal Diseases, 1924)

Ray, Lettice Milne. *Ladies In Debate: Being a History of the Ladies Edinburgh Debating Society, 1865-1935*, (Edinburgh: Oliver and Boyd, 1936)

Report of the Royal Commission on Venereal Diseases, *Edinburgh Medical Journal* ns. 16 (1916): 322-328

Robertson, William. 'Notes on the Treatment and Control of Venereal Diseases', *Edinburgh Medical Journal* ns. 19 (1917): 360-370

Idem. 'The Controversy Regarding the Prevention of Venereal Diseases', *Edinburgh Medical Journal*, ns. 28 (1922): 123-131

Roxburgh, John R. *Edinburgh Philanthropic Red Book*, (Edinburgh: Maclachlan, Stewart and Sons, 1901)

Royal Commission, *Report of the Royal Commission on the Housing of the Industrial Population in Scotland; Rural and Urban: 1917-1918*

Royal Commission, *Royal Commission on the Housing of the Working Classes: Report on Scotland 1884-5*

Royal Commission, *Royal Commission on the Poor Laws and Relief of Distress: Report on Scotland, 1909*

Scottish Institution for the Education of Young Ladies, *Report of the Scottish Institution for the Education of Young Ladies*, (Edinburgh: Oliver and Boyd, 1835 and 1837)

Stephenson George Skelton ['Alisma']. *Reminiscences of a Student's Life at Edinburgh in the Seventies*, (Edinburgh: Oliver and Boyd, 1918)

Stoddart, Anna. *Elizabeth Pease Nicol*, (London, 1899)

Thomson, J. Arthur. *Education and Social Hygiene*, (London: National Council for Combating Venereal Disease, c. 1920)

Thorne, Isabel. *Sketch of the Foundation and Development of the London School of Medicine for Women*, (London: Women's Printing Society, 1915)

Margaret Todd, *The Life of Sophia Jex-Blake*, (London: Macmillan, 1918)

Idem. 'Some Thoughts on the Woman Question', *Blackwood's Edinburgh Magazine* (1894): 689-692

Twining, Louisa., 'Women on Boards and Committees of Management in Hospitals and Other Institutions', *Englishwoman's Review* (1901): 101-103

Women's Co-Operative Guild, *Maternity: Letters from Working Women Collected by the Women's Co-operative Guild*, (first published 1915), (London: Virago, 1978)

3. Periodicals

The Academy
Blackwood's Edinburgh Magazine
The British Medical Journal
Chambers's Journal
Fraser's Magazine
The Fortnightly Review
The Edinburgh Courant
The Edinburgh Evening News
The Edinburgh Medical Journal
The Englishwoman's Review
The Eugenics Review
The Ladies Edinburgh Magazine
The Lancet
The Medical Directory
The Medical Register
The Nineteenth Century
The Scotsman
The Student
The Times
The Westminster Review

4. Secondary Books

Abel-Smith, Brian. *The Hospitals: A Study in Social Administration in England and Wales, 1800-1949*, (London and Cambridge Mass.: Heinemann, 1964)

Alexander, Wendy. *First Ladies of Medicine: The Origins, Education and Destination of Early Women Medical Graduates of Glasgow University*, (Glasgow: Wellcome Unit for the History of Medicine, 1987)

Armstrong, David. *Political Anatomy of the Body: Medical Knowledge in Britain in the Twentieth Century*, (Cambridge, Cambridge University Press, 1983)

Apple Rima D. (ed.), *Women, Health and Medicine in America: A Historical Handbook*, (New York and London: Garland, 1990)

- Banks, Olive. *Faces of Feminism: A Study of Feminism as a Social Movement*, (Oxford: Martin Robertson, 1981)
- Idem. *Becoming a Feminist: The Social Origins of First Wave Feminism*, (Brighton: Harvester Wheatsheaf, 1986)
- Idem. *Biographical Dictionary of British Feminists, volume 1, 1800-1930*, (Brighton: Wheatsheaf, 1985)
- Barker-Benfield, G. *The Horrors of the Half Known Life: Male Attitudes Towards Women and Sexuality in Nineteenth-Century America*, (New York: Harper and Row, 1978)
- Barnes, Barry and Steve Shapin (eds.), *Natural Order: Historical Studies in Scientific Culture*, (London: Sage, 1979)
- Moberly Bell, E. *Storming The Citadel*, (London: Constable, 1953)
- Benjamin Marina (ed.), *Science, Sensibility: Gender and Scientific Enquiry, 1780-1945*, (Oxford: Basil Blackwell, 1991)
- Beveridge, Allan. 'Thomas Clouston and the Edinburgh School of Psychiatry' in German E. Barrios and Hugh Freeman (eds.), *150 Years of British Psychiatry, 1841-1990*, (London: Gaskell (Royal College of Psychiatrists), 1991), pp. 359-388
- Blake, Catriona. *The Charge of the Parasols*, (London: Women's Press, 1990)
- Bland, Lucy. *Banishing the Beast: English Feminism and Sexual Morality, 1885-1914*, (London: Penguin, 1995)
- Idem. 'Cleansing the Portals of Life: the Venereal Disease Campaigns in the Early Twentieth Century', in Mary Langan and Bill Schwarz (eds.), *Crises in the British State*, (London: Hutchison and co. 1985), p. 192-208
- Idem. "'Guardians of the Race" or "Vampires upon the Nation's Health"?: Female Sexuality and its Regulation in Early Twentieth-Century Britain', in E. Whitelegg et al., *The Changing Experience of Women*, (London: Open University Press, 1982), pp. 375-388
- Idem and Frank Mort, "'Look Out for the Good Time Girl": Dangerous Sexualities as a Threat to National Health', in *Foundations of Nation and People*, (London: 1984), pp. 131-151
- Bonner, Thomas Neville. *To the Ends of the Earth: Women's Search for Education in Medicine*, (Cambridge, Mass. and London: Harvard University Press, 1992)

- Boyd, David H.A. *Leith Hospital, 1848-1988*, (Edinburgh: Scottish Academic Press, 1990)
- Branca, Patricia, *Silent Sisterhood: Middle-Class Women in the Victorian Home*, (London: Croom Helm, 1975)
- Idem. 'Image and Reality: the Myth of the Idle Victorian Woman', Mary Hartman and Lois Banner, (eds.), *Clio's Consciousness Raised*, (New York and London: Harper and Row, 1974), pp. 179-191
- Brandt, Allan M. *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880*, (New York and Oxford: Oxford University Press, 1985)
- Brehm Sharon S. (ed.), *Seeing Female: Social Roles and Personal Lives*, (New York: Greenwood Press, 1988)
- Breitenbach, Esther and Eleanor Gordon (eds.), *Out of Bounds: Women in Scottish Society, 1800-1945*, (Edinburgh: Edinburgh University Press, 1992)
- Bristow, E.J. *Vice and Vigilance: Purity Movements in Britain Since 1700*, (London: Routledge, 1977)
- Brookes, Barbara. 'Women and Reproduction, 1860-1939', in Jane Lewis (ed.), *Labour and Love: Women's Experience of Home and Family, 1850-1940*, (Oxford, Basil Blackwell, 1986), pp. 149-171
- Burke, Peter (ed.), *New Perspectives on Historical Writing*, (Cambridge: Polity Press, 1992)
- Burman, Sandra (ed.) *Fit Work for Women*, (London: Croom Helm, 1979)
- Bynum, W. F. *Science and the Practice of Medicine in the Nineteenth Century*, (Cambridge: CUP, 1994)
- Idem and M. Neve, 'Hamlet on the Couch', in W. F. Bynum, R. Porter and J. Shepherd (eds.), *The Anatomy of Madness*, vol. 1, (London, Tavistock 1985) pp. 289-304
- Idem and Roy Porter (eds.), *Companion Encyclopaedia of the History of Medicine*, (2 vols.), (London and New York: Routledge, 1993)
- Catford, E.F. *The Royal Edinburgh Hospital: A Hospital with a Great Tradition*, (Edinburgh: Royal Edinburgh Hospital, 1962)
- Catford, E.F. *The Royal Infirmary of Edinburgh, 1929-1979*, (Edinburgh: Scottish Academic Press, 1984)

- Checkland, Olive. *Philanthropy in Victorian Scotland*, (Edinburgh: John Donald, 1980)
- Cherry, Steven. *Medical Services and the Hospitals in Britain, 1860-1939*, (Cambridge: Cambridge University Press, 1996)
- Collini, Stephan. *The Public Moralists*, (Oxford, Clarendon Press, 1991)
- Coleman, William and Frederick L. Holmes (eds.), *The Investigative Enterprise: Experimental Physiology in Nineteenth Century Medicine*, (Berkeley, Los Angeles, London: University of California Press, 1988)
- Comrie, John D. *The Origins and Development of the Edinburgh Medical School*, (Edinburgh: Chambers, 1921)
- Idem. *History of Scottish Medicine* (2 vols.), 2nd edition, (London: Bailliere, Tindall and Cox, 1932)
- Idem. *Edinburgh Medical School*, (Edinburgh: University of Edinburgh, 1946)
- Roger Cooter, *The Cultural Meaning of Popular Science: Phrenology and the Organisation of Consent in Nineteenth-Century Britain*, (Cambridge: Cambridge University Press, 1984)
- Idem. 'The Power of the Body: The Early Nineteenth Century', in Barry Barnes and Steven Shapin (eds.), *Natural Order: Historical Studies in Scientific Culture*, (London: Sage, 1979), pp. 73-92.
- Corr, Helen. 'An Exploration into Scottish Education', in W. Hamish Fraser and R.J. Morris (eds.), *People and Society in Scotland, vol. II, 1830-1914*, (Edinburgh: John Donald, 1990), pp. 290-309
- Craig, W. S. *History of the Royal College of Physicians of Edinburgh*, (Oxford, Edinburgh and London: Blackwell Scientific Publishers, 1976)
- Crossick, G. (ed.), *The Lower Middle Class in Britain, 1870-1914*, (London: Croom Helm, 1977)
- Crowther, M.A. 'Poverty, Health and Welfare', W. Hamish Fraser and R. J. Morris (eds.), *People and Society in Scotland, vol. II, 1830-1914*, (Edinburgh: John Donald, 1990), pp. 265-289.
- Cunningham, Andrew and Perry Williams (eds.), *The Laboratory Revolution in Medicine*, (Cambridge: Cambridge University Press, 1992)
- Dancyger, Irene. *A World of Women: An Illustrated History of Women's Magazines*, (Dublin: Gill and MacMillan, 1978)

Davenport-Hines, Richard. *Sex, Death and Punishment: Attitudes to Sex and Sexuality in Britain Since the Renaissance*, (London: Fontana Press, 1991)

Davidson-Kelly, Molly and Peggy Bowden, *The Edinburgh Royal Infirmary Samaritan Society, 1879-1979*, (Edinburgh: John Donald, 1979)

Davies, Celia (ed.), *Rewriting Nursing History*, (London: Croom Helm, 1980)

Delamont, Sara. 'The Contradictions in Ladies' Education', in Sara Delamont and Lorna Duffin (eds.), *The Nineteenth-Century Woman, her Cultural and Physical World*, (London and New York: Croom Helm, 1978), pp. 134-163

Delamont, Sara. 'Domestic Ideology and Women's Education', in Sara Delamont and Lorna Duffin (eds.), *The Nineteenth-Century Woman, her Cultural and Physical World*, (London and New York: Croom Helm, 1978), pp. 164-187.

Digby, Anne. 'Quantitative and Qualitative Perspectives on the Asylum', in Roy Porter and Andrew Wear (eds.), *Problems and Methods in the History of Medicine*, (London: Croom Helm, 1987)

Dingwall, Robert (ed.), *An Introduction to the Social History of Nursing*, (London: Routledge, 1988)

Donaldson, G. (ed.), *Four Centuries: Edinburgh University Life, 1583-1983*, (Edinburgh: University of Edinburgh, 1983)

Lorna Duffin, 'The Conspicuous Consumptive: Woman as Invalid', in Sara Delamont and Lorna Duffin (eds.), *The Nineteenth-Century Woman, her Cultural and Physical World*, (London and New York: Croom Helm, 1978)

Idem. 'Prisoners of Progress: Women and Evolution', in *ibid.*, pp. 57-91

Dwork, Deborah. *War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898-1918*, (London and New York: Tavistock, 1987)

Dyhouse, Carol. *No Distinction of Sex? Women in British Universities, 1870-1939*, (London: UCL Press, 1995)

Eastwood, Martin and Anne Jenkinson, *A History of the Western General Hospital, Edinburgh*, (Edinburgh: John Donald, 1995)

Elston, Mary Ann. 'Women and Anti-Vivisection in Victorian England, 1870-1900', in Nicolaas Rupke (ed.), *Vivisection in Historical Perspective*, (London, New York: Croom Helm, 1987), pp. 259-294

Fee, Elizabeth. 'The Sexual Politics of Victorian Anthropology', in Mary Hartman and Lois Banner (eds.), *Clio's Consciousness Raised*, (New York and London: Harper and Row, 1974)

Idem and Roy Acheson (eds.), *Health That Mocks the Doctor's Rules: A History of Education in Public Health*, (London and Oxford: Oxford University Press, 1991)

Foucault, Michel. *The Birth of the Clinic*, (London: Routledge, 1973)

Fraser, W. Hamish and R. J. Morris (eds.), *People and Society in Scotland, vol. II, 1830-1914*, (Edinburgh: John Donald, 1990)

French, Richard D. *Antivivisection and Medical Science in Victorian Society*, (Princeton and London: Princeton University Press, 1975)

Fye, W. Bruce, *The Development of American Physiology*, (London and Baltimore: Johns Hopkins University Press, 1987)

Gallagher, Catherine and Thomas Laqueur (eds.), *The Making of the Modern Body*, (Berkeley and London: University of California Press, 1987)

Gordon, Eleanor. 'Women's Spheres', in W. Hamish Fraser and R. J. Morris, *People and Society in Scotland, vol. II, 1830-1914*, (Edinburgh: John Donald, 1990), pp. 206-235

Granshaw, Lindsay and Roy Porter (eds.), *The Hospital in History*, (London: Routledge, 1989)

Granshaw, Lindsay, "'Fame and Fortune by Means of Bricks and Mortar": The Medical Profession and Specialist Hospitals in Britain, 1800-1948', in *ibid.*, pp. 199-220

Gray, R.Q. 'Religion, Culture and Social Class in Late Nineteenth and Early Twentieth-Century Edinburgh', in G. Crossick (ed.), *The Lower Middle Class in Britain, 1870-1914*, (London: Croom Helm, 1977), pp. 134-158

Guthrie, Douglas. *Extramural Medical Education in Edinburgh*, (Edinburgh and London: Livingstone, 1965)

Idem. *A History of Medicine*, (London: Nelson and Sons, 1958)

Idem. *The Royal Edinburgh Hospital for Sick Children, 1860-1960*, (Edinburgh: Livingstone, 1960)

Haldane, Louisa K. *Friends and Kindred: Memoirs of Louisa Kathleen Haldane*, (London: Faber and Faber, 1961)

Haley, Bruce. *The Healthy Body and Victorian Culture*, (Cambridge, Mass. and London: Harvard University Press, 1978)

Hamilton, David. *The Healers: A History of Medicine in Scotland*, (Edinburgh: John Donald, 1981)

Harrison, Brian. 'Women's Health and the Women's Movement in Britain: 1840-1940', in Charles Webster (ed.), *Biology, Medicine and Society, 1840-1940* (Cambridge and New York: Cambridge University Press, 1981), pp. 15-71

Hartman, Mary S. and Lois Banner (eds.), *Clio's Consciousness Raised: New Perspectives on the History of Women*, (New York and London: Harper and Row, 1974)

Howell, Joel D. *Technology in the Hospital: Transforming Patient Care in the Early Twentieth-Century*, (Baltimore and London: Johns Hopkins University Press, 1995)

Hoy, Christine. *A Beacon in Our Town: the Story of Leith Hospital*, (Edinburgh: Christine Hoy, 1988)

Jones, Greta. *Social Darwinism and English Social Thought: The Interaction Between Biological and Social Theory*, (Brighton: Harvester Press, 1980)

Jamieson, Lynn. 'Limited Resources and Limiting Conventions: Working-Class Mothers and Daughters in Urban Scotland', in Jane Lewis (ed.), *Labour and Love: Women's Experience of Home and Family, 1850-1940*, (Oxford: Basil Blackwell, 1986), pp. 49-69

Jordanova, Ludmilla. *Sexual Visions: Images of Gender in Science and Medicine Between the Eighteenth and Twentieth Centuries*, (New York and London: Harvester Wheatsheaf, 1989)

King, Elspeth. *The Scottish Women's Suffrage Movement*, (Glasgow: People's Palace Museum, 1985)

Langan, Mary and Bill Schwarz (eds.), *Crises in the British State, 1880-1930*, (London: Hutchison, 1985)

Laqueur, Thomas. 'Orgasm, Generation and the Politics of Reproductive Biology', in Catherine Gallagher and Thomas Laqueur, (eds.), *The Making of the Modern Body*, (Berkeley and London: University of California Press, 1987), pp. 1-41

Lawrence, Christopher (ed.), *Medical Theory, Surgical Practice: Studies in the History of Surgery*, (London: Routledge, 1992)

Idem. 'The Nervous System and Society in the Scottish Enlightenment', in

Barry Barnes and Steve Shapin (eds.), *Natural Order: Historical Studies in Scientific Culture*, (London: Sage, 1979), pp. 19-40

Lenoir, Timothy. 'Laboratories, Medicine and Public Life in Germany, 1830-1849: Ideological Roots of the Institutional Revolution', in Andrew Cunningham and Perry Williams (eds.), *The Laboratory Revolution in Medicine*, (Cambridge: C.U.P., 1992), pp. 14-71

L'Esperance, Jean. 'Doctors and Women in Nineteenth-Century Society: Sex and Role', in John Woodward and David Richards (eds.), *Health Care and Popular Medicine in Nineteenth-Century England*, (London: Croom Helm, 1977)

Lewis, Jane (ed.), *Labour and Love: Women's Experience of Home and Family, 1850-1940*, (Oxford: Basil Blackwell, 1986)

Idem. *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939*, (London: Croom Helm, 1980)

Idem. *Women in England, 1870-1950: Sexual Divisions and Social Change*, (Brighton: Harvester Wheatsheaf, 1984)

Idem. 'The Working Class Wife and Mother and State Intervention, 1870-1918', in Jane Lewis (ed.), *Labour and Love: Women's Experience of Home and Family, 1850-1940*, (Oxford: Basil Blackwell, 1986): pp. 99-120

Lovejoy, Esther Pohl. *Women Doctors of the World*, (New York: Macmillan, 1957)

Lutzker, Edythe. *Women Gain a Place in Medicine*, (New York and London: McGraw-Hill, 1969)

Lynaugh, Joan E. 'Institutionalising Women's Health care in Nineteenth- and Twentieth-Century America', in Rima D. Apple (ed.), *Women, Health and Medicine in America: A Historical Handbook*, (New York and London: Garland, 1990), pp. 247-269

McKeown, Thomas. *The Modern Rise of Population*, (New York: Academic Press, 1976)

Idem. *The Role of Medicine: Dream, Mirage or Nemesis?* (Princeton, N.J.: Princeton University Press, 1979)

Mahood, Linda. *The Magalenes: Prostitution in the Nineteenth-Century*, (London: Routledge, 1990)

Marshall, Rosalind K. *Virgins and Viragos: A History of Women in Scotland from 1080 to 1980*, (London: Collins, 1983)

Meller, Helen. 'Cities and Evolution: Patrick Geddes as an International Prophet of Town Planning before 1914', in Anthony Sutcliffe, *The Rise of Modern Urban Planning, 1800-1914*, (London: Mansell, 1980), pp. 199-224

Moore, Lindy. 'Educating for the "Women's Sphere"', in Ester Brietenbach and Eleanor Gordon, (eds.), *Out of Bounds: Women in Scottish Society, 1800-1945*, (Edinburgh: Edinburgh university Press, 1992), pp. 10-41

Morantz, Regina Markell. 'The Lady and Her Physician', in Mary S. Hartman and Lois Banner (eds.), *Clio's Consciousness Raised: New Perspectives on the History of Women*, (New York and London: Harper and Row, 1974), pp. 38-53

Idem. 'Nineteenth-Century Health Reform and Women: A Program of Self-Help', in Guenter B. Risse, Ronald L. Numbers and Judith Waltzer Leavitt (eds.), *Medicine Without Doctors: Home Health Care in American History*, (New York: Science History Publications, 1977)

Idem. 'Physicians', in Rima D. Apple (ed.), *Women, Health and Medicine in America: A Historical Handbook*, (New York and London, Garland, 1990), pp. 477-495

Idem. *Sympathy and Science: Women Physicians in American Medicine*, (New York, Oxford: Oxford University Press, 1985)

Morrell, J. B. 'The Patronage of Mid-Victorian Science in the University of Edinburgh', in G. L'E. Turner (ed.), *The Patronage of Science in the Nineteenth Century*, (Leyden: Noordhoff International Publishing, 1976)

Morris, R.J. 'Urbanisation and Scotland', in W. Hamish Fraser and R. J. Morris (eds.), *People and Society in Scotland, vol. II, 1830-1914*, (Edinburgh: John Donald, 1990), pp. 73-102

Mort, Frank. *Dangerous Sexualities: Medico-Moral Politics in England Since 1830*, (London and New York: Routledge and Kegan Paul, 1987)

Idem. 'Purity, Feminism and the State: Sexuality and Moral Politics, 1880-1914', in Mary Langan and Bill Schwarz (eds.), *Crises in the British State, 1880-1930*, (London: Hutchinson, 1985), pp. 209-115

Moscucci, Ornella. *The Science of Woman: Gynaecology and Gender in England, 1800-1929*, (Cambridge: Cambridge University Press, 1990)

Newman, Charles. *The Evolution of the Medical Education in the Nineteenth-Century*, (London and New York: Oxford University Press, 1957)

Newton, Judith L., Mary P. Ryan, Judith R. Walkowitz, *Sex and Class in*

- Women's History*, (London and New York, Routledge and Kegan Paul, 1983)
- O'Connor, W. J. *British Physiologists, 1885-1914: A Biographical Dictionary*, (Manchester: Manchester University Press, 1991)
- Idem. *Founders of British Physiology: A Biographical Dictionary, 1820-1885*, (Manchester: Manchester University Press, 1988)
- Oren, Laura. 'The Welfare of Women in Labouring Families: England, 1860-1950', in Mary S. Hartman and Lois Banner (eds.), *Clio's Consciousness Raised: New Perspectives on the History of Women*, (New York and London: Harper and Row, 1974), pp. 226-244
- Parry, N. and Parry J. *The Rise of the Medical Profession*, (London: Croom Helm, 1976)
- Perkin, Harold. *The Rise of Professional Society: England Since 1880*, (London and New York: Routledge, 1989)
- Peterson, M. Jeanne. *The Medical Profession in Mid-Victorian London*, (Berkeley, London: University of California Press, 1978)
- Pickstone, John V. (ed.), *Medical Innovations in Historical Perspective*, (Basingstoke: Macmillan, 1992)
- Idem. *Medicine and Industrial Society: A History of Hospital Development in Manchester and its Region, 1752-1946*, (Manchester: Manchester University Press, 1985)
- Poovey, Mary. "'Scenes of an Indelicate Character': The Medical 'Treatment' of Victorian Women", in Catherine Gallagher and Thomas Laqueur (eds.), *The Making of the Modern Body: Sexuality and Society in the Nineteenth Century*, (Berkeley, Los Angeles and London: University of California Press, 1987), pp. 137-168
- Porter, Roy (ed.). *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, (Cambridge: Cambridge University Press, 1988)
- Porter Roy and Andrew Wear, *Problems and Methods in the History of Medicine*, (London, New York: Croom Helm, 1987)
- Prochaska, F. K. *Women and Philanthropy in Nineteenth-Century England*, (Oxford: Clarendon Press, 1980)
- Reiser, Stanley Joel. *Medicine and the Reign of Technology*, (Cambridge: Cambridge University Press, 1978)
- Reverby, Susan and David Rosner (eds.), *Health Care in America: Essays in*

Social History, (Philadelphia: Temple University Press, 1979)

Richards, Stewart. 'Anaesthetics, Ethics and Aesthetics: Vivisection in the Late Nineteenth Century British Laboratory', in Andrew Cunningham and Perry Williams, (eds.), *The Laboratory Revolution in Medicine*, (Cambridge: Cambridge University Press, 1992), pp. 142-169.

Risse, Guenter B. 'Hospital History: New Sources and Methods', in Roy Porter and Andrew Wear (eds.), *Problems and Methods in the History of Medicine*, (London: Croom Helm, 1987)

Idem. *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh*, (Cambridge: Cambridge University Press, 1986)

Roberts, Shirley. *Sophia Jex-Blake: A Woman Pioneer in Nineteenth-Century Medical Reform*, (London and New York: Routledge, 1993)

Rosenberg, Charles E. 'Florence Nightingale on Contagion: The Hospital as Moral Universe', in Charles E. Rosenberg (ed.), *Healing and History: Essays for George Rosen*, (Folkestone: Dawson Science History Publications, 1979), pp. 116-136

Idem. 'The Therapeutic Revolution: Medicine, Meaning and Social Change in Nineteenth-Century America', in Morris Vogel and Charles E. Rosenberg (eds.), *The Therapeutic Revolution: Essays on the Social History of American Medicine*, (Pennsylvania: University of Pennsylvania Press, 1979), pp. 3-25

Rowan, Caroline. 'Child Welfare and the Working Class Family', in Mary Langan and Bill Schwarz (eds.), *Crises in the British State, 1880-1930*, (London: Hutchison, 1985), pp. 226-239

Russett, Cynthia Eagle. *Sexual Science: The Victorian Construction of Womanhood*, (Cambridge, Mass., and London: Harvard University Press, 1991)

Shapin, Steve. 'Nibbling at the Teats of Science', in Ian Inkster and J.B. Morrell (eds.), *Metropolis and Province: Science in British Culture, 1780-1850*, (London: Hutchison, 1983), pp. 121-151

Shorter, Edward. *Women's Bodies: A Social History of Women's Encounter with Health, Ill-health and Medicine*, (London and New Brunswick: Transaction Publishers, 1991)

Showalter, Elaine. *The Female Malady: Women, Madness and English Culture, 1830-1980*, (London: Virago, 1993)

Skretkowicz, Victor. *Florence Nightingale's 'Notes on Nursing'*, (Harrow:

Scutari Press, 1992)

Smith, Charles J. *Between the Streamlet and the Town: A Brief History of the Astley Ainslie Hospital*, (Edinburgh: Astley Ainsley Hospital, 1989)

Idem. *Historic South Edinburgh, vol. 3: People*, (Edinburgh: Charles Skilton Ltd., 1986)

Smith, F.B. *The People's Health 1830-1910*, (London: Croom Helm, 1979)

Smith, P. J. 'Planning as Environmental Improvement: Slum Clearance in Victorian Edinburgh', in Anthony Sutcliffe, (ed.) *The Rise of Modern Urban Planning*, (London: Mansell, 1980), pp. 99-133

Smith, Roger, *Inhibition: History and Meaning in the Sciences of Mind and Brain*, (London: Free Association Books, 1992)

Smith-Rosenberg, Carroll. 'Puberty to Menopause: The Cycle of Femininity in Nineteenth-Century America', in Mary S. Hartman and Lois Banner (eds.), *Clio's Consciousness Raised: Perspectives on the History of Women*, (New York and London: Harper and Row, 1974), pp. 23-37

Steedman, Carolyn. 'Bodies, Figures and Physiology: Margaret McMillan and the Late Nineteenth-Century Remaking of Working-Class Childhood', in Roger Cooter (ed.), *In the Name of the Child: Health and Welfare, 1880-1940*, (London and New York: Routledge, 1992), pp. 19-44

Idem. *Childhood, Culture and Class in Britain: Margaret McMillan, 1860-1931*, (London: Virago, 1990)

Summers, Anne. 'A Home from Home: Women's Philanthropic Work in the Nineteenth-Century', in Sandra Burman (ed.), *Fit Work for Women*, (London: Croom Helm, 1979), pp. 33-62

Tait, Haldane Philip. *A Doctor and Two Policemen: A History of Edinburgh health Departments, 1862-1974*, (Edinburgh: Mackenzie and Storrie, 1974)

Tansey, E. M. 'The Physiological Tradition', in Bynum and Porter (eds.) vol. I, *Companion Encyclopedia for the History of Medicine*, (London: Routledge, 1993), pp. 120-152

Tomes, Nancy. 'Historical Perspectives on Women and Mental Illness', in Rima D. Apple (ed.), *Women, Health and Medicine in America: A Historical Handbook*, (New York and London: Garland, 1990), pp. 143-171

Turner, Arthur Logan. *Joseph, Baron Lister: Centenary Volume, 1827-1927*, (Edinburgh: Oliver and Boyd, 1927)

Idem. *The History of the University of Edinburgh, 1883-1933*, (Edinburgh:

Oliver and Boyd, 1933)

Idem. *The Royal Infirmary of Edinburgh Bi-Centenary Year, 1729-1929*, (Edinburgh: Oliver and Boyd, 1929)

Idem. *The Story of a Great Hospital: The Royal Infirmary of Edinburgh, 1729-1929* (Edinburgh: Oliver and Boyd, 1937)

Uglow, Jennifer S. (ed.), *The Macmillan Dictionary of Women's Biography*, (second edition), (London: Macmillan, 1982)

Verbrugge, Martha. 'The Social Meaning of Personal Health: The Ladies' Physiological Institute of Boston and Vicinity in the 1850s', in Susan Reverby and David Rosner (eds.), *Health Care in America: Essays in Social History* (Philadelphia: Temple university Press, 1979), pp. 45-66

Verbrugge, Martha. *Able-Bodied Womanhood: Personal Health and Social Change in Nineteenth-Century Boston*, (New York and Oxford: Oxford University Press, 1988)

Vicinus, Martha. *Independent Women: Work and Community for Single Women, 1850-1920*, (London: Virago, 1988)

Vogel Morris J. and Charles E. Rosenberg (eds.), *The Therapeutic Revolution: Essays in the Social History of American Medicine*, (Pennsylvania: University of Pennsylvania Press, 1979)

Waddington, Ivan. *The Medical Profession in the Industrial Revolution*, (Dublin: Gill and MacMillan Humanities Press, 1984)

Walkowitz, Judith R. *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London*, (London: Virago, 1994)

Walsh, Mary Roth. *Doctors Wanted, No Women Need Apply: Sexual Barriers in the Medical Profession, 1835-1975*, (New Haven and London: Yale University Press, 1977)

Warner, John Harley. 'The Fall and Rise of Professional Mystery: Epistemology, Authority and the Emergence of Laboratory Medicine in Nineteenth Century America', in Andrew Cunningham and Perry Williams (eds.), *The Laboratory Revolution in Medicine*, (Cambridge: Cambridge University Press, 1992), pp. 110-141

Idem. *The Therapeutic Perspective*, (Cambridge, Mass.: Harvard University Press, 1986)

Waterloo Directory of Scottish Newspapers and Periodicals, 1800-1900, (2 vols.), (Waterloo: North Waterloo Academic Press, 1989)

Watson, William Boog. *A Short History of Chalmers Hospital*, (Edinburgh: Livingstone, 1964)

Wear, Andrew. 'The History of Personal Hygiene', in Roy Porter and W.F. Bynum (eds.), *The Companion Encyclopedia to the History of Medicine*, volume II, (London: Routledge, 1994), pp. 1283-1308.

White, Cynthia L. *Women's Magazines, 1693-1968*, (London: Michael Joseph, 1970)

Williams, Perry. 'The Laws of Health: Women, Medicine and Sanitary Reform 1850-1890', in Marina Benjamin (ed.), *Science, Sensibility: Gender and Scientific Enquiry, 1780-1945*, (Oxford: Basil Blackwell, 1991), pp. 60-88

Wilson, Kathleen. 'Urban Culture and Political Activism in Hanoverian England: The Example of the Voluntary Hospital', in Eckhart Hellmuth (ed.), *The Transformation of Political Culture: England and Germany in the Late Eighteenth-Century*, (London and Oxford: Oxford University Press, 1990), pp. 165-184

Wood, Ann Douglas. 'The Fashionable Diseases: Women's Complaints and their Treatment in Nineteenth-Century America', in Mary S. Hartman and Lois Banner, *Clio's Consciousness Raised: New Perspectives on the History of Women*, (New York and London: Harper and Row, 1974), pp. 1-22

Wright, Peter and Andrew Treacher (eds.), *The Problem of Medical Knowledge: Examining the Social Construction of Medicine*, (Edinburgh: Edinburgh University Press, 1982)

Young, A. F. and E. T. Ashton, *British Social Work in the Nineteenth Century*, (London: Routledge, 1956)

Youngson, A. J. *The Scientific Revolution in Victorian Medicine*, (London: Croom Helm, 1979)

5. Articles

Appel, Toby A. 'Physiology in American Women's Colleges: The Rise and Decline of a Female Subculture', *Isis* 85 (1994): 26-56.

Barfoot Michael and Allan W. Beveridge, 'Madness at the Cross-roads: John Home's Letters from the Royal Edinburgh Asylum, 1886-1887', *Psychological Medicine* 20 (1990): 263-284

- Idem. “‘Our most Notable Inmate’: John Willis Mason at the Royal Edinburgh Asylum, 1864-1901, *History of Psychiatry* 4 (1993): 159-208
- Bayliss, Robert. ‘John Gray M’Kendrick, Physiologist (1841-1926)’, *Medical History* 1 (1973): 288-303
- Beardsley, E. ‘Allied Against Sin: American and British Responses to Venereal Disease in World war I’, *Medical History* 20 (1976): 189-202
- Beveridge, Allan. ‘Madness in Victorian Edinburgh: A Study of Patients Admitted to the Royal Edinburgh Asylum under Thomas Clouston, 1873-1908’, *History of Psychiatry* 6 (1995): 21-54 and 133-156
- Idem. ‘Madness in Victorian Edinburgh’, Parts 1 and 2, *History of Psychiatry* 6 (1995): 21-54 and 133-156
- Borsay, Anne. ‘Using the Records of an Eighteenth-Century Infirmary’, *Archives* 25 (1994): 172-182
- Burstyn, J. N. ‘Education and Sex: The Medical Case Against Higher Education for Women in England, 1870-1900’, *Proceedings of the American Philosophical Society* 117 (1973): pp-pp?
- Butler, Stella V. F. ‘A Transformation in Training: The Formation of University Medical Schools in Manchester, Leeds and Liverpool, 1870-84’, *Medical History* 30 (1986): 115-132.
- Cantor, G.N. ‘The Edinburgh Phrenology Debate, 1803-1928’, *Annals of Science* 32 (1975): 195-218
- Coleman, William. ‘The Cognitive Basis of the Discipline of Claude Bernard on Physiology’, *Isis* 76 (1985): 49-70
- Conway, Jill. ‘Stereotypes of Femininity in a Theory of Sexual Evolution’, *Victorian Studies* 5 (1970-71): 47-62
- Craig, Barbara L. ‘The Role of Records and of Record Keeping in the Development of the Modern Hospital in London, England and Ontario, Canada, c.1890-1940’, *Bulletin for the History of Medicine* 65 (1991): 376-397
- Davidson, Roger. “‘A Scourge to be Firmly Gripped’: The Campaign for VD Controls in Interwar Scotland”, *Social History of Medicine* 6 (1993): 213-236
- Davidson, Roger. ‘Venereal Disease, Sexual Morality and Public Health in Interwar Scotland’, *Journal of the History of Sexuality* 5 (1994): 267-294
- Davies, Celia. ‘The Health Visitor as Mother’s Friend: A Woman’s Place in

- Public Health, 1900-1914', *Social History of Medicine* 1 (1988): 39-60
- Davin, Anna. 'Imperialism and Motherhood', *History Workshop* 5 (1978): 9-65
- Dingley, R. 'Hospitals Started by Women Doctors', *Journal of the Medical Women's Federation* 49 (1967): 108-111
- Drachman, Virginia. 'Female Solidarity and Professional Success: The Dilemma of Women Doctors in Late Nineteenth-Century America', *Journal of Social History* 15 (1981-1982): 607-619
- Idem. 'Gynaecological Instruments and Surgical Decisions at a Hospital', *Journal of American Culture* 3 (1980): 660-672
- Idem. 'The Limits of Progress: The Professional Lives of Women Doctors, 1881-1926', *Bulletin for the History of Medicine* 60 (1986): 58-72
- Dwork, Deborah. 'The Milk Option: An Aspect of the History of the Infant Welfare Movement in England, 1898-1908', *Medical History* 31 (1987): 51-69
- Dyhouse, Carol. 'Good Wives and Little Mothers: Social Anxieties and the School Girl's Curriculum, 1880-1920', *Oxford Review of Education* 3 (1977): 21-36
- Idem. 'Social Darwinist Ideas and the Development of Women's Education in England: 1880-1926', *History of Education* 5 (1976): 41-58
- Idem. 'Working Class Mothers and Infant Mortality in England, 1895-1914', *Journal of Social History* 12 (1978): 248-67
- Elston, Mary Ann. 'Women's Access to Medical Education in Great Britain, 1877-1900: An Overview', *Society for the Social History of Medicine Bulletin* 1 (1987): 51-53
- Evans, David. 'Tackling the "Hideous Scourge": The Creation of the Venereal Treatment Centres in Early Twentieth-Century Britain', *Social History of Medicine* 5 (1992): 413-433
- Figlio, Karl 'Chlorosis and Chronic Disease in Nineteenth-Century Britain: The Social Constitution of Somatic Illness in a Capitalist Society', *Social History* 3 (1978): 167-197
- Fitzsimons, J.T. 'Physiology During the Nineteenth Century', *Journal of Physiology* 263 (1976): 16P-25P.
- Idem. 'The Experimental Notebooks of Claude Bernard', *Journal of Physiology* 263 (1976): 37P-41P

- Freedman, Estelle. 'Separatism as Strategy: Female Institution Building and American Feminism, 1870-1930', *Feminist Studies* 5 (1979): 512-529
- French, Richard D. 'Some Problems and Sources in the Foundations of Modern Physiology in Great Britain', *History of Science* 10 (1971): 28-55.
- Gaddum, J.H. 'The Development of Materia Medica in Edinburgh', *Edinburgh Medical Journal* 49 (1942): 721-35
- Gray, R.Q. 'Styles of Life: The "Labour Aristocracy" and Class Relations in Later Nineteenth-Century Edinburgh', *International Review of Social History* 18 (1973): 428-452
- Harrison, Brian. 'Philanthropy and the Victorians', *Victorian Studies* 9 (1966): 353-374
- Hudson, Robert P. 'Theory and Therapy: Ptosis, Stasis and Autointoxication', *Bulletin of the History of Medicine* 63 (1989): 392-413
- Jewson, N.D. 'The Disappearance of the Sick Man from Medical Cosmology, 1770-1870', *Sociology* 10 (1976): 225-244
- Jacyna, Steven. 'The Physiology of Mind, The Unity of Nature, and the Moral Order in Victorian Thought', *British Journal for the History of Science* 14 (1981): 109-137
- Idem. 'Somatic Theories of Mind and the Interests of Medicine in Britain, 1850-1879', *Medical History* 26 (1982): 233-258
- Lansbury, Coral. 'Gynaecology, Pornography and the Anti-Vivisection Movement', *Victorian Studies* 11 (1985): 413-437
- Lawrence, Christopher. 'Incommunicable Knowledge: Science, Technology and the Clinical Art in Britain 1850-1914', *Journal of Contemporary History* 20 (1985): 503-520
- Lerner, Baron H. 'Constructing Medical Indications: The Sterilisation of Women with Heart Disease or Tuberculosis, 1905-1935', *Journal of the History of Medicine and Allied Sciences* 44 (1994)
- L'Esperance, Jean. 'Woman's Mission to Women: Explorations in the Double Standard and Female Solidarity in Nineteenth Century England', *Social History (Histoire Sociale)* 12 (1979): 316-338
- McGovern, Constance 'The Community, The Hospital and the Working-Class Patient: The Multiple Uses of Asylum in Nineteenth-Century America', *Pennsylvania History* 54 (1987): 17-33

Idem. 'The Myths of Social Control and Custodial Oppression: Patterns of Psychiatric Medicine in Late Nineteenth-Century Institutions', *Journal of Social History* 20 (1986-7): 3-23

Manuel, Diana. 'Marshall Hall (1790-1857): Vivisection and the Development of Experimental Physiology', in Nicolaas A. Rupke, *Vivisection in Historical Perspective*, (London and New York: Croom Helm, 1987): 79-104

Marwick, W.H. 'Early Adult Education in Edinburgh', *Journal of Adult Education* 5 (1930-32): 389-404

Meller, Helen E. 'Patrick Geddes: An Analysis of his Theory of Civics, 1880-1904', *Victorian Studies* 1 (1973)

Morantz, Regina Markell, 'Making Women Modern: Middle Class Women and Health Reform in 19th Century America', *Journal of Social History* 10 (1976-77): 490-507.

Idem. 'The Perils of Feminist History', *Journal of Interdisciplinary History* 4 (1974): 649-660

Idem. and Sue Zschoche, 'Professionalism, Feminism, and Gender Roles: A Comparative Study of Nineteenth-Century Medical Therapeutics', *Journal of American History* 67 (1980-1981): 586-588

Morantz-Sanchez, Regina. 'Feminism, Professionalism and Germs: The Thought of Mary Putnam Jacobi and Elizabeth Blackwell', *American Quarterly* 34 (1982): 461-478

Idem. 'Feminist Theory and Historical Practice: Re-Reading Elizabeth Blackwell', *History and Theory, Beiheft* 31 (1992): 51-69

Novak, Steven J. 'Professionalisation and Bureaucracy: English Doctors and the Victorian Public Health Administration', *Journal of Social History* 6 (1973): 440-462.

Peterson, M. Jeanne. 'Specialist Journals and professional Rivalries in Victorian Medicine', *Victorian Periodicals Review* 12 (1979): 25-32

Porter, Dorothy. "'Enemies of the Race": Biologism, Environmentalism and Public Health in Edwardian England', *Victorian Studies* (1991): 159-178

Rather, L.J. 'The "Six Things Non-Natural": A Note on the Origins and Fate of a Doctrine and a Phase', *Clio Medica* 3 (1968): 337-347

Richards, Stewart. 'Conan Doyle's 'Challenger' Unchampioned: William Rutherford, FRS (1839-99), and the Origins of Practical Physiology in Britain', *Notes and Records of the Royal Society* 40 (1986): 193-217.

- Idem. 'Drawing the Life-Blood of Physiology: Vivisection and the Physiologists' Dilemma, 1870-1900', *Annals of Science* 43 (1986): 27-56
- Riha, Ortrun. 'Surgical Case Records as an Historical Source', *Social History of Medicine* 8 (1995): 271-283
- Risse, Guenter B. and John Harley Warner, 'Reconstructing Clinical Activities: Patient Records in Medical History', *Social History of Medicine* 5 (1992): 183-205
- Rose, G. 'The Struggle for Political Democracy: Emancipation, Gender and Geography', *Environment and Planning* 8 (1990): 395-408
- Rosenberg, Charles and Carroll Smith-Rosenberg, 'The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America', *Journal of American History* 60 (1973): 332-56
- Ross, Ellen. 'Survival Networks: Women's Neighbourhood Sharing in London Before World War I', *History Workshop Journal* (1983): 2-27
- Ross, Margaret. 'The Royal Medical Society and Medical Women', *Proceedings of the Royal College of Physicians Edinburgh* 26 (1996): 629-644
- Scull, Andrew T. 'Moral Treatment Reconsidered: Some Sociological Comments on an Episode in the History of British Psychiatry', *Psychological Medicine* 9 (1979): 1-8
- Shapin, Steve. 'Phrenological Knowledge and the Social Structure of Early Nineteenth-Century Edinburgh', *Annals of Science* 32 (1975): 219-243
- Shapin, Steve and Barry Barnes, 'Science, Nature and Control: Interpreting Mechanics Institutes', *Social Studies of Science* 7 (1977): 31-74
- Shorter, Edward. 'Paralysis: the Rise and Fall of a "Hysterical" symptom', *Journal of Social History* 19 (1986): 349-582
- Shortt, S.E.D. 'Physicians, Science and Status: Issues in the Professionalisation of Anglo-American Medicine in the Nineteenth-Century', *Medical History* 27 (1983): 51-68
- Showalter, Elaine. 'Victorian Women and Insanity', *Victorian Studies* 23 (1979-1980): 157-81
- Smith, J. Lacey. 'Sir Arbuthnot Lane, Chronic Intestinal Stasis and Autointoxication', *Annals of International Medicine* 96 (1982): 355-369
- Smith, David and Malcolm Nicolson, 'The "Glasgow School" of Paton,

Findlay and Cathcart: 'Conservative Thought in Chemical Physiology, Nutrition and Public Health', *Social Studies of Science* 19 (1989): 195-238

Smith-Rosenberg, Carroll. 'The Hysterical Woman: Sex Roles and Role Conflict in Nineteenth-Century America' *Social Research* 39 (1972): 652-678

Stevenson, Christine. 'Aesculapius Scoticus', *The Georgian Group Journal* 6 (1996): 53-62

Stevenson, Lloyd G. 'Physiology, General Education and the Anti-Vivisection Movement', *Clio Medica* 12 (1977): 17-31

Theriot, Nancy M. 'Women's Voices in Nineteenth-Century Medical Discourse: A Step Toward Deconstructing Science', *Signs* 19 (1993): 1-31

Tomes, Nancy. 'The Private Side of Public Health: Sanitary Science, Domestic Hygiene, and the Germ Theory, 1870-1900', *Bulletin for the History of Medicine* 64 (1990): 509-539

Towers, B.A. 'Health Education Policy, 1916-1926: Venereal Disease and the Prophylaxis Dilemma', *Medical History* 24 (1980): 70-87

Turner, Bryan S. 'The Discourses of Diet', *Theory, Culture and Society* 1 (1982-3): 23-32

Idem. 'The Government of the Body: Medical Regimens and the Rationalisation of Diet', *British Journal of Sociology* 33 (1982): 254-269

Walker, E. M., J. P. Shaw and M. H. Kaufman, 'Andrew Combe (1797-1847): Edinburgh Physician and Phrenologist', *Proceedings of the Royal College of Physicians Edinburgh* 25 (1995): 652-662

Warner, John Harley. 'The History of Science and the Sciences of Medicine', *Osiris* 19 (1995): 164-193

Idem. 'Ideals of Science and their Discontents in Late Nineteenth-Century American Medicine', *Isis* 82 (1991): 454-478

Idem. 'Physiological Theory and Therapeutic Explanation in the 1860s: The British Debate on the Medical Use of Alcohol', *Bulletin of the History of Medicine* 54 (1980): 235-257

Idem. 'Science in Medicine', *Osiris* 2nd ser. 1 (1985): 37-58

Idem. 'Therapeutic Explanation and the Edinburgh Bloodletting Controversy: Two Perspectives on the Medical Meaning of Science in the Mid Nineteenth-Century', *Medical History* 24 (1980): 241-258

Watson, William Boog. 'The First Eight Ladies', *University of Edinburgh Journal* 23 (1970): 227-34

Whorton, James C. "'Physiologic Optimism': Horace Fletcher and Hygienic Ideology in Progressive America', *Bulletin for the History of Medicine* 55 (1981): 59-87

6. Unpublished Papers and PhD Theses

Barfoot, Michael. 'Reading Records and Writing Hospital History', (unpublished paper, nd.)

Barfoot, Michael. 'The Body Politic: Bennett's Edinburgh Career, 1848-1975' (unpublished paper, nd.)

Butler, Stella V.F. *Science and the Education of Doctors in the Nineteenth Century: A Study of British Medical Schools with Particular Reference to the Uses and Development of Physiology*, (unpublished PhD thesis, UMIST, 1982)

Drachman, Virginia, *Women Doctors and the Women's Medical Movement: Feminism and Medicine, 1850-1895*, (unpublished PhD thesis, University of New York at Buffalo, 1976)

Elston, Mary Ann. *Women Doctors and the British Health Services: A Sociological Survey of their Careers and Opportunities*, (unpublished PhD thesis, Leeds University, 1986)

Mohr, Peter. *Women-Run Hospitals in Britain: A Historical Survey focusing on Dr. Catherine Chisholm (1878-1952) and the Manchester Babies Hospital (Duchess of York Hospital)*, (unpublished PhD thesis, Manchester University, 1995)

Hamilton, Sheila. *Women and the Scottish Universities, c.1869-1939*, (unpublished PhD thesis, Edinburgh University, 1987)

Thompson, Margaret Sorbie. *The Mad, the Bad and the Sad: Psychiatric Care in the Royal Edinburgh Asylum (Morningside), 1813-1894*, (unpublished PhD thesis, Boston University, 1984)

Sturdy, Steven W. *A Co-ordinated Whole: The Life and Work of John Scott Haldane*, (unpublished PhD thesis, Edinburgh University, 1987)